California State Journal of Medicine.

Published Monthly by the
Medical Society of the State of California

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Members of the Society are requested to promptly notify the publication office of change of address, in order that mailing list may be corrected. Secretaries of County Societies are also requested to notify the "Journal" of deaths, removals, etc., and send in names of new members and their postoffice address.

Communications on subjects of interest to the profession are invited. The "Journal" is not responsible for the views advanced by correspondents. Address letters relating to the "Journal" to the publication office, Room 1, Y. M. C. A. Building, San Francisco.

MARCH, 1904.

NOTICE OF REMOVAL.

The Publication Office of the State Society is now established in Room I, Y. M. C. A. Building, corner Ellis and Mason Sts., San Francisco, where letters should be addressed and where visitors will be welcomed. Take elevator; entrance on Mason Street.

EDITORIAL NOTES.

THANKS FOR RESOLUTIONS.

Since the February JOURNAL was issued, at least two county medical societies have met and have passed resolutions relative to the question of proper and decent advertising in medical journals. These are Alameda and San Bernardino county societies, and the JOURNAL fully appreciates the action taken by them. Every county society in the State should come out and declare itself on this question of right or wrong. Every doctor in the State should know exactly what the issue is, and should come to a decision in regard to his personal attitude in the matter. The editor is about tired of being called a "crank" because he keeps hammering away on this same question, month after month. If he is a "crank" for believing that the nostrum evil and the quack medicine business represent the most important—and, incidentally, the nastiest—issue before the medical profession of the day, he wants to know right away so that the editorial burden may depart from him quickly, and he may once more lead a quiet and a peaceful life. It is not fair to pass the responsibility for the whole thing up to the editor, and then indulge in the free and independent American's privilege—to kick. If the seductive dollar has more attractions than a right principle, just say so. But if you do think so, then please note the curious and highly edifying spectacle that will surely be presented in time, and is pointed out by Dr. Booth (page 74). A nice business; promulgate a principle of ethics—for the other fellow to follow!

EYES, EARS AND NOSES.

In this discussion of the examination of school children for defects of sight, hearing and breathing, let us get down to the essential fact. Apparently all agree that children should be examined to determine whether they have any condition of the eyes, ears or nose which will interfere with their growth, development and study. In his leaflet published in the STATE JOURNAL, Professor Leslie devoted his energies only to the matter of sight; Dr. Allport thinks Professor Leslie is too involved and scientific for teachers to understand, and believes that a rough examination of the hearing and breathing organs should also be undertaken. The thing is, then, to examine the children. Obviously the ideal method would be to place the whole work in the hands of a trained specialist; but, and also obviously, this is quite out of the question until the millenium shall have arrived. The next best thing is to have the work done by teachers and a report of defects sent to the parents. The test chart suggested and recommended by Dr. Allport is excellent; so are the questions which are to be propounded to the children. But the excellence of this chart does not militate against the leaflet of Professor Leslie, who evidently believes that the teachers should understand, somewhat, the reasons for doing the work which they are called upon to do. Professor Leslie has requested space for a supplementary paper in reply to Dr. Allport's criticisms, in which he will give an outline of how the work is progressing in Los Angeles. Such examinations have been undertaken in San Francisco, and the JOURNAL will later publish a resume of the results thus far accomplished in these two places, under the two methods. It should make valuable material for thought.

ABOUT PAPERS.

Please read carefully the notice from the Committee on Program about the papers to be read at the meeting next month. It is highly desirable—in fact it is mandatory, under our present constitution and by-laws— that all papers be sent to the committee in ample time. Every county society in the State should be represented on the program by at least one paper. No man who will attend the meeting can have so little knowledge and experience as not to be worth a hearing on some of the subjects that will come up. So, if you do not

read a paper, be ready to discuss those which others read. And also, please remember that the papers are to be handed in and are to be published in the JOURNAL and thus become a part of the printed transactions of the society. If you desire to have your paper printed in some other journal as well, write to the editor, advising him of the journal in which you desire to have your paper published, and allow him to arrange for simultaneous publication. The Publication Committee has ruled—and wisely—that papers previously printed in other journals will not be printed in the STATE JOURNAL. This is in no way an injustice, for we desire to publish only first-hand material; and it is a very easy matter to arrange for simultaneous publication, if you desire it.

INSURANCE EXAMINERS.

On page 92 will be found some resolutions recently passed by the Contra Costa County Society. Similar discussion occurred at the last meeting of the San Joaquin Valley Society. (See JOURNAL, Vol. I, page 376.) At the last-named meeting, a committee was appointed to get the matter into proper shape and present it to the State Society in April, together with a request that the State Society take up the work and endeavor to secure betterment in present conditions. It is utterly absurd for any insurance company to ask a competent physician to make such an examination as could be of the slightest use to it for any fee less than $5.00. To make a proper examination takes time and care, and that other element, "know how." When the man who knows how is secured, and he devotes the proper amount of time and care to the examination, his result is worth $5.00 at the very least—and often much more than this small amount. There is hardly a doubt, now that the society represents about three-fourths of the eligible physicians of the State, that concerted and harmonious action would be productive of the desired result. There may be phases of the question that have not come to light in the discussion thus far, and if so it is to be hoped that they will come up and be discussed at Paso Robles. It does not appear that insurance companies are "trusts," but they certainly fit the recently exploited Weberfieldian definition of a "trust"—"A small body of men entirely surrounded by money."

OUR HEARTY INVITATION.

Is extended to the members of the Oregon and Washington State Medical Societies to meet with us at Paso Robles on the 19th, 20th and 21st of April. It is a charming place and a delightful time of year. We have good reason to believe that this will be one of the best meetings the State Society has ever held and that the amount and character of the scientific material presented will amply repay you for the trip. We say nothing of the gladness with which we would welcome you or the pleasure it would give us to meet you and become still better friends. We on the Pacific Coast should all know each other, and our aims and objects should be common. We are all working for the best there is in medicine, and for the strength that comes from medical organization; therefore, come you down the coast, stop at San Francisco, go with us to Paso Robles, and then with us again to Los Angeles, before you return. The railway people have made a rate of one and one-third fare for the round trip, allowing you to go to such points after or before the meeting, as you may desire, and this rate is extended alike to the members of the Oregon and Washington societies, as to our own. We should like to have you come, and we hope you will; we look forward to seeing you in April.

EFFECTS OF FORMALDEHYDE.

Since the introduction of the various hexamethylene tetramin preparations, their use has very greatly increased. Of late considerable inquiry seems to have been made as to the constitutional effect upon body tissues of the formaldehyde liberated on the decomposition of hexamethylene tetramin. One fact has been noted and should not be overlooked, especially by those who are examining for life insurance. Examination of the urine passed after taking this chemical shows response to a number of tests for albumin. Consequently it will be essential to guard against possible error by eliminating this factor in advance of a urine examination. As to whether or not the amount of formaldehyde liberated (at best a small quantity) is sufficient to produce any changes in the living tissues, and if so to what extent and of what nature, there seems no evidence pro or con. The question is receiving careful attention, and doubtless in due course we shall have some accurate information on the subject. It is unlikely, however, that the formaldehyde will be found to have injurious effects.

SYPHILIS IN ANTHROPOIDS.

Considerable interest has been roused by the experiments of Metschnikoff and Roux in the inoculation of chimpanzees with syphilis. In two recent experiments initial sores and subsequent symptoms developed which apparently were clearly syphilitic. Two experiments are hardly conclusive, however, and we shall await further experimental data with considerable interest. Both animals inoculated, in whom Fournier and others agreed that syphilis subsequently appeared, died very shortly there-

after, the one probably from a pneumococcus, and the other from what may have been an influenza infection. While these secondary infections may have been contributory causes of death, it seems probable that the real cause was the syphilitic infection, and that anthropoids are profoundly affected by the disease will be evidenced as more experiments are made. Unfortunately the chimpanzee is a rather luxurious animal on which to experiment, for he is not only costly, but does not thrive in captivity.

THE UNITED RAILROADS OF SAN FRANCISCO.

In the *New York and Philadelphia Medical Journal* of February 6, 1904, is a news item which says that the New York Board of Health has undertaken to make a bacterioscopic study of paper money to discover if it probably may or may not be a medium for the dissemination of infectious diseases. Should it be shown that paper money habitually does contain disease germs, Dr. Thomas Darlington, Commissioner of the New York Board of Health, will "formulate a plan for the daily or weekly sterilization of money from the great arteries of trade, such as the street-car companies and the great retail stores."

In San Francisco, where paper money does not commonly circulate, the question is not such an important one, but there are three points to which the JOURNAL wishes to call the attention of the management of the United Railroads:

Ever since the introduction of the present transfer system, it is the custom for the conductors to wet their thumbs in their mouths to the more easily separate one or two transfers from the block, and not a few of the men will sometimes hold the block between their teeth so as to have two hands free for making change. Neither of these habits is cleanly. The amount of dirt the conductors put into their own mouths does not seem to occur to them, but the JOURNAL thinks for them and wishes them to be told what they are really doing. Moreover, the JOURNAL thinks for the people and protests against the public being obliged to use spat-on transfers, or have a series of annoying discussions with the conductors, for the JOURNAL has found out that conductors object to being asked for dry instead of wet transfers. The transfer itself is, of course, retired after having been used once, but a conductor with a streptococcus or diphtheritic infection latent in his throat could pass out potential amounts of infection to thousands of people every day, and some might easily infect their fingers and then their own mouths from the dirty transfers.

A second point is the way in which coins pass from hand to hand on the cars. Usually the passenger tenders his fare between a thumb and finger. The conductor takes it in the same way and the fingers of passenger and conductor touch. This contact is not necessary and sometimes may be objectionable, as when a dirty-handed passenger offers money to the conductor, or when a dirty-handed conductor tenders change to the passenger. The correct way is for the passenger to put his fare into the conductor's hand, which should be held out, palm up, to receive it. No personal contact is needed in this transaction. The conductor should put the change into the passenger's upturned palm in the same way, without personal contact. This may be difficult to inaugurate, but a few placards in the cars, with illustrations, will help very much to educate the public, and the conductors can receive instructions from the company's office.

The third point is the hands of the conductors, or rather, the dirt that may be upon them. The JOURNAL knows perfectly well that the conductor must work bare-handed, and in a position most exposed to the acquiring of dirt, but it has noticed that some conductors always have clean hands, while others are very dirty-handed. This is no more true of conductors than it is of other men; but the fact that some men have clean hands and are conductors, shows that no one need have very dirty hands, and that hands as dirty as some conductors' hands are absolutely unnecessary. The JOURNAL suggests that the company arrange a place, at the end of each line, where conductors may wash their hands, and then make it obligatory that each man wash his hands at the up-town end of each trip.

COLORADO STATE SOCIETY JOURNAL.

Colorado Medicine, edited by Edward Jackson, is the form which the transactions of the Colorado State Medical Society has recently assumed. The monthly journal was authorized at the last meeting of the State Society and the first number appeared in November, 1903. The Colorado society is to be congratulated upon this move. No other single factor is so valuable or can be made to count with such force, as can the society journal properly edited and conducted. That the Colorado journal will be ably conducted under the guidance of Dr. Jackson, goes without saying. Every decent physician in the country should hug himself with a congratulatory embrace at the advent of another State Society journal, for through the medium of these journals will come eventual relief from the pest of nasty, murderous and shameless so-called "medical journals" which have existed too long. If ever a campaign of education and for decency was needed, it is needed now. The rank and file of the medical profession is a long way—a very long way—from the standards of honesty, ethics and decency of a generation or two ago. The average private "medical journal"

lives and fattens on the nostrum maker and the quack; and he, in turn, grows plethoric of dollars through the prostituting influence upon the innocent and ignorant in the medical profession, of these so-called "medical journals." To one who can see with his eyes and think with the brain which he is supposed to have, the whole thing is sickening, disgusting. Yet it will not do to simply keep hands off and let the merry game of swindle go on. It will not do for the decent journals — the journals that can and must be decent — the official mouthpieces of State Medical Societies —to simply keep the nasty stuff out of *their* advertising pages. Their duty is plainly writ and is something more; it should be an active warfare, and not merely a passive and negative doing of the right. It is difficult to express the keen pleasure with which we note the coming of another State Society journal; it means that the day of reckoning, the day when the filthy back-yard of materia medica will be cleaned up, is just so much nearer.

But why all this glee over the starting of a State Society journal? Because the State Society journal will reach and influence more men in its territory than all the other journals published in the world. If organization of the State Society is properly pushed, it ought to represent two-thirds of the eligible physicians in the State, at the very least. The State journal is the property of every member of the organization; it is the official record of his county and his State Society meetings and transactions. If he does not take a more or less personal interest in it and its doings, then there is something wrong either with him or with the journal—probably with the journal. Now just see what that means. Take our own State, for example. Your JOURNAL reaches more doctors in this State than any possible combination of medical journals published the world over. And so it is in other States where there are State Society journals, and where there are not fights in the medical ranks. The possible influence of these journals, if properly exerted, is tremendous. And it *MUST* be exerted. It is bad enough for a private member of the profession to take this dirty money for these dirty, filthy nostrum advertisements and to make a living or gain notoriety through the pages of a "medical journal" whose every line is for sale and whose every word is a paid lie—but it would be infinitely worse for a journal published by a State Medical Society to do the same thing. State medical societies, for very shame, cannot pursue the policy of "dollars; to h—— with the ethics," as plainly put by one "medical editor," to the writer.

OUR APOLOGY.

In the October number, the JOURNAL took occasion to criticise one of the advertising methods of a very large manufacturing house; in fact, one of the largest chemical houses in the world. The advertisement in question was objectionable for two reasons. In the first place, it contained a glittering endorsement of a chemical recommended for use as a medicine (clearly and unquestionably a breach of both good taste and medical ethics), and in the second place the name of the physician endorsing this preparation, though located, in the advertisement, in San Francisco, does not occur in any register or directory of physicians, and the man has no license to practice medicine in this State. That much is fact; the balance may be a matter of opinion. Believing that the advertisement was rankly misleading, and an injustice to California physicians generally, the JOURNAL saw fit to request the house in question, through our columns, to correct the "error" and apologize for it. We did so for the principal reason that a house of such reputation and standing in the professional and commercial worlds should know enough to be above such peculiar practices. There is no use going after the little fellows, for they don't care; but the big ones ought to care, even if they do not. We wrote to several journals in which the advertisement in question is published, calling attention to the facts stated. One of these journals wrote to the house for an explanation, and in reply received a communication, a copy of which was sent to us. It enclosed a letter from Dr. Carl L. Schilling explaining the matter. We have learned, not directly, that this manufacturer feels hurt by our action, and thinks an apology due from us. The "hurtness" is based upon two points: First, that there is a Dr. Schilling in San Francisco, and, second, that the JOURNAL should have written to the house before publishing anything in its pages. In reply to the first contention let us quote from the advertisement and the more recent letter of Dr. Schilling, bearing in mind the fact that Dr. Schilling, while evidently a gentleman of great education and professional learning, is not a legal practitioner in San Francisco:

Advertisement.	Letter of Dr. Schilling.
"San Francisco, Cal. — I have been using ——— for over two years, and cannot say too much of it. I prescribe it wherever a general tonic is indicated, and with very good results."	"It is true that I have prescribed ———, as I have used it myself after an attack of malaria in Port Royal, S. C., and Savannah, Ga."

If the statement in the advertisement is true, and Dr. Schilling has been prescribing ——— "for over two years," the case comes within the provisions of the law, and should be looked into by the Board of Examiners. In his letter, Dr. Schilling states that he is not practicing medicine in California, and has not done so, and as he is evidently a gentleman of education and standing, we may be justified in accepting his own assurance in the matter. We are then confronted by the fact that a much misleading advertisement has been and still is being placed before the profession by this house — a house which claims that its well-known ethical character and high repute should protect it from such uncalled-for criticism. In reply to the second contention for an apology from us, we can only say that if the advertising manager of this house does not know any better than to make an "ethical" house do unethical things, he should be taught. This is the best "apology" we can make, under the circumstances.

AN ILLEGAL PRACTITIONER GONE.

What can be done by one determined man was well illustrated recently at Santa Barbara. A man by the name of Palmer came there and started a "kiropractic" school—whatever that may be. He really came there to practice medicine; unfortunately, for him, he had no license to practice. Dr. Joseph A. Andrews determined that Palmer should go. Correspondence with the Board of Examiners resulted in placing in the hands of Dr. Andrews the necessary information as to how to proceed, get evidence, etc., and of this Dr. Andrews made good use. It was a very difficult matter, however, to get the right sort of evidence, for, as Dr. Andrews says, "those who had been his victims were unwilling to testify, and thus, as they declared, let people know they had been 'taken in,' and others, who had denounced Palmer, when it came to act against him, suddenly experienced a loss of memory. . . . I learned of the case of a farmer, whom I knew, who had paid Palmer $15 for medical treatment. I had to ride twenty-five miles to get his evidence, but I got it." That was on Saturday; on Monday morning Dr. Andrews had Palmer arrested. The man agreed to leave the State, so the trial was set a week ahead, and no effort was made to bring him back when the case was called and it was found that he had left. He went to Chicago, it is said. This simply shows what a man who is determined may do. There are a whole lot of illegal practitioners in the State who might be run out if the effort was made. The JOURNAL certainly takes much pleasure in congratulating Dr. Andrews.

FUN WITH THE FOREIGNERS.

A California bachelor maid has been spending the last two years in travel in Europe, having a lady's maid as her only companion. In a certain city she went to a hotel much frequented by English nobles, and was there taken sick. The hotel physician, a young English commoner, was summoned. He made a very careful examination and finally pronounced a diagnosis that was reassuring to the Californian, and she spoke her thanks and expressed her satisfaction at knowing that she was not desperately ill. In reply the young Englishman said: "Madame, I assure you that I am treating you as seriously as I would one of my titled patients." Now, the Californian has a delicious laugh, and it began to struggle to the surface. The English commoner looked on puzzled, when the maid, knowing that the laughter would out, hurried him from the room to avoid his being present at a "nervous attack."

The Californian once, at a very formal dinner in Switzerland, was asked by a Swiss surgeon to explain to him, "carefully, fully and slowly," the exact status of women physicians in America. This she chanced to be not able to do, but she told him, wickedly, that in Chicago they were called by the irreverent "hen medicos." Of course this barbarous term demanded definition, and once it had been satisfactorily explained a flood of light burst on the Swiss surgeon. "Oh, yes," he said, "I understand; it is *medicin a la poulette*."

The JOURNAL wishes to offer its sincere apologies to Dr. J. A. Hughes for stating, in the last number, that he had been appointed a member of the Board of Health. The Hughes appointed to this enviable position is Dr. J. V. Hughes, and lest there should be any misunderstanding, it may be stated that it is, more particularly, John V., and not James V., Hughes. We sincerely trust that both Dr. J. A. Hughes and Dr. James V. Hughes will excuse us and accept our assurance that there was no intention on our part to thus place them in a false light.

COMMUNICATIONS.

CALIFORNIA STATE BOARD OF HEALTH.

SACRAMENTO, CAL., February 5, 1904.

To the Editor of the State Journal: Last September the State Board of Health held a Sanitary Conference with the local health officers of the State at San Francisco. A permanent organization was effected, and it was decided to hold the next meeting at Paso Robles at 10 a. m., April 18, 1904, the day before the meeting of the State Medical Society.

This conference is purely of a sanitary nature, having nothing to do with the practice of medicine or its different schools. It is called at the time of the State Medical Society meeting on account of the number of doctors who will be there, making it possible to get a greater attendance. Every physician, no matter of what school, and every health officer or other person interested in the sanitary condition of the State is urged to be present. Papers will be presented on different sanitary subjects, and free discussion held. There will also be a report on needed sanitary legislation.

This board would greatly appreciate any effort on the part of the medical journals of the State to call attention to the conference and secure a large attendance. Respectfully,

N. K. FOSTER, Sec'y State Board of Health.

A COMMERCIAL OPINION.

To the Editor of the State Journal: I have read with a great deal of interest the marked editorials to which you call my attention in the February number of the CALIFORNIA STATE JOURNAL OF MEDICINE, and I must admire you for the firm and vigorous stand you have taken. You say in effect: "So long as the law stands, it must be observed. If it is an unjust law, then have it repealed. If we permit it to stand, and still ignore it, we are bringing all law and all ethics into disrepute and undermining the whole fabric of society." That this position is sound and tenable cannot be gainsaid. Please accept my honest congratulations. Yours very truly,

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This is the opinion of a gentleman connected with one of the largest and best manufacturing houses in the United States.

A LETTER.

Some how or other, there do seem to be more kicks than kisses in the world, and more thorns on the stem than the rose is allowed, by law, to wear. Ordinarily we consider the kicks—and do the best we can—while discounting the kisses. The following letter, apparently personal, is really addressed to every member of the society who thinks right, and we believe that it is therefore addressed to a very large majority of the members. For that reason it is published, and also for the reason that the ratio of the incentive to write a complimentary letter as against the incentive to write a complaint, is about the ratio of 1 to x to the nth power:

"*To the Editor of the State Journal:* My first copy of your JOURNAL is at hand. I am a new member of the Los Angeles County Society and a long-time member of the Massachusetts Medical Society. My object in writing is to thank you most heartily for that splendid courage which has dared to put 'right before dollars.' I have always made it my rule not to use any medicines which did not declare the formula. You deserve the plaudits and everlasting gratitude of every physician for your position on the advertising question. Yours truly,

"_____"

A VISIT TO NAHA HOSPITAL.

Loo Choo Islands.

By J. H. GUTHRIE, M. D., Asst. Surg., U. S. N , Portsmouth, Va.

DURING the early spring of 1903 our ship anchored off Naha Okinawa Ken, Loo Choo, or Liu Kiu Islands, having previously been to the picturesque Isle of Oka, one of the many in the chain stretching from Formosa to Kinshu. As is customary when first visiting a foreign harbor, I was sent on shore to look into the sanitary condition of the place and to discover what facilities exist for medical and surgical accommodations. It was while making this investigation that I saw the quaint one-story native house used by the local doctors as a hospital. Inasmuch as Naha (the supreme government seat for all the Loos Choos), has not been visited by our American medical officers since the Perry expedition in 1853, my opinion formed upon first sight is that many changes have occurred since then. I was most favorably impressed with the cleanliness of the streets and the neat appearance of houses and its people. These streets are in the main wide and airy, exceptionally well paved (the macadam method being improved upon), there is a firm surface well adapted to thorough drainage. However, with this apparent surface drainage no filth is observed upon the public thoroughfares, so markedly different from the towns in China, where the same condition exists in its most virulent form. The Japanese do not throw their offal into the streets and the rains therefore carry off all accidental deposits very rapidly.

Naha Hospital is managed by civil and municipal directors, the former are all of the medical profession and practically run the institution. These civil directors, moreover, conduct within the same building quite an efficient medical school of over one hundred students.

The building originally was a rectangular hollow square, with quite a large interior court; since organizing the medical school this court has been encroached upon for additional rooms, used as lecture halls and laboratory, etc. There are no heavy partitions separating these several compartments, the usual Japanese style partition, a light bamboo framework covered with paper is all that intervenes between the medical students and patients. Fronting the street is the most imposing aspect. Here is the entrance leading on either hand to offices, operating room and living quarters for officials. Further back we are ushered into the sick rooms, capable of accommodating from sixty to seventy patients and inside of these rooms, facing the interior court, is the medical school. There are no large wards, as we Westerners understand a hospital. Each patient has a separate room, however, the thin walls are well made to slide so as to throw several of these small rooms into one large one so that a patient may have any size desired and as much air space as his pocketbook can afford. In other words, it is possible to enlarge or contract your room, with no trouble to speak of, merely a sliding of these screen-like walls.

Likewise the number of trained nurses detailed for patients is regulated by the price paid —the more ministering to their caprices or wants the more money must be handed over. These nurses are all women, the dainty, petite feminine of Japan. They make excellent attendants upon the sick and exhibit an aptitude not excelled by their Western sisters. They are exceedingly quiet and neat, smiling often, but speaking only when necessary, with a certain amount of astuteness that is fascinating and soothing. As they silently trot about in the white gowns and caps of European pattern (having discarded the ki mono and bare legs), but for the characteristic national caste of features, one might at first take them for graduates of Bellevue. A very good Japanese custom is to remove the shoes before entering a house. Here in the hospital this custom is religiously adhered to, and right they are, for who but cannot know what an amount of infection there is in our shoe soles? The nurses wear cotton cloth half hose to protect their stockings while working indoors, the rest of their attire, I cannot definitely describe, being unacquainted with all the femininities of dress. Suffice to say, ensemble is tasteful and looks as pure and refined as it possibly could.

To offset all this genuine cleanly appearance of the nurses, are the operating robes of the doctors and medical students. One is not so favorably impressed with their black, somber gowns (having every appearance of dissecting gowns). A thorough baking, followed by boiling and the to a laundry might eradicate the stains of former scenes of bloodshed, but in my opinion the best plan would be to relegate them to a garbage crematory and buy new ones. The operating room, its fixtures, instruments and appliances suggest a lack of care. Many valuable instruments were rapidly deteriorating from this cause. Here were found the very best and most recently improved styles of modern surgical tools, and I was greatly surprised to discover all were made in Japan. The perfect finish, accuracy of design and excellent workmanship observed, after careful inspection by myself of these instruments of Japanese manufacture, bespeak a great compliment to Japan's half century of adoption of Western methods, grown up in our own world after centuries of experience.

Although this hospital at the time of my visit did not come up to our standard of efficiency, still I could see that a spirit of steady improvement

was in progress and I have every reason to believe ere long it will become a first-class institution. The only method of heating was by means of charcoal candles; candles and a small allowance of oil lamps furnished light, making emergency work at night very unsatisfactory to the operator. The building is a one story bungalow, very frail in structure, so it would hardly be practicable to put in a modern heating and lighting plant. It would be best to build a new and substantial hospital and tear down the old one, if such improvements are contemplated.

The attempt to establish a modern working hospital in these outlying islets of Japan, however, shows that although the natives are necessarily behind their brethren of the larger group. Japanese thrift and civilizing influence is taking a strong hold and we may anticipate for this island of Okinawa a bright future. It is a picturesque mountain spot with a delightful climate the year around, and some day will be sought by health seekers, not only throughout the empire, but its salubrious atmosphere shall be renowned the world over.

THE NECESSITY FOR THE SYSTEMATIC ANNUAL EXAMINATION OF SCHOOL CHILDREN'S EYES, EARS, NOSES AND THROATS BY SCHOOL TEACHERS. INCLUDING A REPLY TO PROFESSOR LESLIE'S LEAFLET.

By FRANK ALLPORT, M. D., Chicago, Ill., Prof. Clinical Ophthalmology and Otology, Northwestern University Medical School, Etc., Etc.

[Concluded from page 59, February JOURNAL.]

Concerning the objection to the tests on the ground of its being an unjust tax upon the time and energy of teachers: I have only to say that if the tests are made according to my instructions, this objection is quite as valueless as the others to which reference has just been made. Some years ago, when the tests were first introduced, school principals personally performed the work, which, when it is remembered that in many of the city schools there are perhaps 2,000 scholars, became quite a burdensome and protracted labor. I now advise that each *teacher* examine the pupils in her or his own room, and as there are rarely more than fifty children in a room, the extra work imposed is certainly quite inconsiderable and can be easily performed by either keeping a few children after school each day for a week, or, what is much better, having a regular half day set aside each fall, by the school superintendent, to be devoted to the tests. In this way it can be seen that the tests can easily be finished in a week or a day, according to the method adopted, for from three to five minutes to a pupil is all the time that is required, and by thus systematizing and subdividing the work amongst the room teachers, all the pupils in a city can be examined in the time specified. Some have suggested that the work be done by school cadets, and this is not a bad plan, but inasmuch as the room teachers live in closer contact with the children and come to learn their physical defects by daily observation, it would seem as if they were better qualified to answer the questions propounded in the tests than any one who might be otherwise designated for the work. I further believe that instead of the tests imposing extra work upon already overworked teachers, that in the end their labor will be materially lightened; for many defective children who, from apparent stupidity induced by unrecognized eye or ear defects obstructing the way to educational acquirements, are the despair and dread of their teachers, who spend hours of time in nerve-exhausting labor in the hopeless endeavor to maintain their grades, may be suddenly transformed by glasses, or by other eye or ear treatment, from thickest density into intellectual brightness, thus relieving the teacher of at least one burden that sends her home at night in a condition of physical and nervous exhaustion. I am confident that if the eye, ear, nose or throat defects in any room in any school could be eliminated, the work of the teacher would be enormously lightened, and, if this is true, they should be willing from purely selfish reasons alone, to say nothing of the benefits to be acquired by the pupils, to cheerfully and gladly see that these tests are annually executed.

Some critics fail to commend the results of the tests because many parents disregard the school warning. This criticism seems rather puerile, and is equivalent to refusing a $100,000 legacy because $1,000,000 was not left to the beneficiary. Undoubtedly many parents through ignorance, impecuniosity, pride, neglect, etc., fail to seek medical advice for their children after cards of warning from the school authorities have been received, but on the other hand a large majority of the parents so warned unquestionably do as they are advised, and profit thereby. It has also been observed that most of the parents who primarily ignore the warning, from seeing the beneficial results upon their neighbors' children, or from the awakening of latent parental responsibility, or from some other cause, eventually seek medical advice and become stout advocates of the plan. In any event, even if only a small minority of defective children are benefited by the tests, they are certainly worth while, and the tests should not be abandoned because all parents are not ready to receive them. Some observers regard the tests lightly because they are frequently abandoned after having been used for one or two seasons. This is a most unjust criticism, and does not in any way argue against the usefulness of the plan, but does emphatically argue in favor of the inexcusable neglect and laxity of the school authorities. There can be no doubt of the enormous utility of the tests when properly and persistently applied, and yet it is but human nature to shirk all possible work, and as most teachers are already overworked, unless the school authorities annually urge, or *demand*, the execution of these tests, they may fall into general disuse and eventual abandonment. I wish, then, to earnestly plead with those in authority not to leave this matter to the option of individual teachers, but to *require* that the tests become a regular part of the school curriculum, and that they be *annually* performed at the commencement of each fall term. Many teachers object to the tests on account of the elaborate records and statistics suggested or required in some cities where the plan has been adopted. When I first proposed the tests I advocated rather elaborate statistical records, to be kept by the school teachers. Experience has, however, considerably dampened my ardor in this direction, and I now recommend the very simplest records, or none at all. A multiplicity of records can scarcely aid us in deductions which are already trite, and from the examination of thousands of teachers' reports I can hardly recommend them as very valuable from a medical standpoint. To my mind they represent more useless work than

actual value, and while some records should possibly be retained, I would advocate that they be of the most elementary character, perhaps simply giving the name of the pupil, and whether a card of warning was given, and whether it was for an eye, ear, nose or throat defect. This brief report could be handed to the school principal, and then to the school superintendendent, and would simply show that the tests had been made, which is really about all that is necessary. I wish to emphatically urge that the less elaborate the tests can be made in every way the more surely will they be performed and that there is no surer method of defeating the end in view than by elaborating and embellishing what should be a simple and uncomplicated affair.

Some observers have raised the objection that until the tests can be legally enforced by act of legislature, it is useless to advocate their adoption by school and health authorities, as they will not be performed except under compulsion. This argument seems almost an insult to intelligence and benevolence, and I am well convinced that when boards of health, boards of education, school superintendents, school principals and school teachers once become convinced of the usefulness and necessity of the tests, and the ease with which they can be accomplished, legal authority will not be needed to enforce their adoption. Be that as it may, however, and admitting that legal enforcement by the State Legislature, as has been accomplished in Connecticut, is the best method of securing the end in view (a statement which I am not at all prepared to accept) certainly there can be no better process by which to popularize the movement than by first appealing to the intelligence of health and educational boards, school authorities and the people at large.

Some critics have objected to the tests on account of their expense. In the first place even if the expense was multiplied many times its actual amount, this objection should shame the objector when the enormous possibility for good, resident in the tests, is considered. Besides this, the expense is so small that it should not for one moment be considered, as, even for a large city containing 5,000 schoolrooms, the expense need not exceed $100 a year after the first year. Each schoolroom should possess a chart, which will be subsequently described. When purchased in large quantities these charts, with teachers' instructions attached, can be purchased for $80 a thousand. A city with 5,000 schoolrooms can, therefore be supplied with a chart for every schoolroom for $400. After being used, the charts can be carefully laid away and preserved for future use, so that new charts will only be necessary once in several years. The only other expense will be for the warning cards to be sent to parents, and the simple report blanks to be retained at school, which for even a large city could not exceed $100 a year.

I have been at work on this movement ever since 1895, endeavoring to perfect and simplify the plan, and to secure its adoption in various cities and states. Over 10,000 mailed communications of various kinds, including letters, circulars, etc., have passed out of my office during that time. Much encouragement and, I am sorry to say, considerable opposition, chiefly of a professional nature, has been encountered; but the work has gone steadily on, and today the tests are quite generally used throughout the United States, and in some cities of Europe and Asia. At the last meeting of the American Medical Association, held in New Orleans, May, 1903, I secured the passage of the following resolution, both by the Ophthalmological Section and the House of Delegates:

"WHEREAS, The value of perfect sight and hearing is not fully appreciated by educators, and neglect of the delicate organs of vision and hearing often leads to disease of these structures, therefore be it

"*Resolved*, That it is the sense of the American Medical Association that measures be taken by boards of health, boards of education and school authorities, and, where possible, legislation be secured, looking to the examination of the eyes and ears of all school children, that disease in its incipiency may be discovered and corrected."

I sent a copy of this resolution to the president and secretary of every State Medical Society in the United States, and asked them to secure its adoption at their next meeting, believing that the favorable action of the American Medical Association, and the various State Medical Societies, would be a strong argument to the different State boards of health and education. Nearly every State Medical Society which has convened since the last meeting of the American Medical Association has passed the resolutions, and I am gratified to here enumerate them: South Dakota, Michigan, Montana, Delaware, Minnesota, Colorado and New York; the Southwestern Missouri Medical Association, and the Mississippi Valley Medical Association have also passed them, and I believe that practically all the other states will do likewise, as their annual meetings occur.

I have also communicated with every president and secretary of every State board of health and State board of education in the United States; sent them the resolution; stated the necessity for the tests; handed them a question blank to be made out; and asked them to pass the resolution and set the plan in operation in their several States. I also sent them a circular, containing a description of the tests, which has been for a year or more sent out by the Illinois Board of Health to all county superintendents of schools, requesting them to place the plan in operation in their various counties. I also sent them a circular issued by Mr. Almer Coe, of 74 State St., Chicago, Ill., giving prices for the test cards, with teachers' instructions attached.

As a result of these communications and inquiries, I found that while the tests were being quite generally used from one end of the country to the other, they were being systematically used only in Connecticut (under a State law), New York (under the State Board of Health), Illinois, where I had a year or so ago secured their adoption by the State Board of Health; Montana, Indiana and Minnesota. Shortly after my communications had been distributed, however, the State Board of Education of Texas passed the resolution and placed the tests in operation in that State.

I secured the adoption of these resolutions last October at the meetings of the State and Provincial Boards of Health of North America and the American Public Health Association, feeling that as the membership of these societies is composed of members of the different health boards in the various States, that they would return home convinced of the usefulness and necessity for the plan, and secure definite action at their next State board meetings. Nor have I been disappointed, for in reply to another urgent appeal sent to the various State board of health officers early in November, I have already received replies from Wisconsin, South Dakota, Michigan, Florida, Kansas, Colorado, Ohio and many other States, telling me that at the next meeting of the boards, the resolution will be adopted and the tests placed in operation, generally after the manner indicated by the Illinois circular. As soon as I have further good news to report I shall again appeal to the various boards of education, telling them of the action of the boards of health throughout the country, and urging

them to unite with them in this most laudable undertaking.* I shall again appeal to all boards of health who have not adopted the plan, and also to the various State medical societies as they meet from time to time. In a word, I am confident that at the next meeting of the American Medical Association in June, I shall be able to report that the plan has been endorsed by almost every State medical society in this country, and is in operation in almost every State, under the supervision of the several boards of health and education.

Having now gone over the subject as fully as seems desirable under the circumstances, and endeavored to answer most of the important objections to the tests that have been from time to time enumerated, I will now endeavor to describe the details of the tests, and demonstrate the ease and facility with which they may be accomplished.

The chart which I recommend contains the ordinary test letters of Snellen, so constructed as to size as to be seen by a normal eye at certain definite distances. For instance, the line marked 20 should be seen by a normal eye at twenty feet, producing vision which is designated by the fraction 20/20. The line marked 100 should be seen by a normal eye at one hundred feet, etc. Should, however, an eye only be able to read, let us say, the line marked 70 at twenty feet, the vision would be expressed by the fraction 20/70, or if an eye should possess better than normal vision and be able to read the line marked 15 at twenty feet, the vision would be expressed by the fraction 20/15. The distance between the child and the chart always constitutes the numerator of the fraction, while the smallest line which the child reads constitutes the denominator. If even the largest number, marked 200, cannot be seen at twenty feet, the vision may be expressed by ascertaining the distance at which fingers can be counted. It sometimes happens that fingers cannot be seen and that vision is reduced to a mere perception of light, or even to total blindness. The reason for testing vision at twenty feet is simply because this is usually a convenient distance, used the world over for this purpose; it is well, therefore, to adopt the customs already in vogue.

Below the testing letters on the chart will be found the teachers' instructions as to how the tests are to be made, this portion of the chart being separated from the Snellen's Test Types by a half broken line through which the teacher should separate the upper from the lower card, the former of which should be hung on the wall when the tests are in progress, and the latter retained on her desk for guidance.

The card of instructions reads as follows:

.....

Please detach by breaking on this line.

Instructions for the Examination of School Children's Eyes, Ears, Etc. After the method proposed by Dr. Frank Allport of Chicago, Ill. For use of Principals, Teachers, Etc.

Do not expose the card except when in use, as familiarity with its face leads children to learn the letters "by heart."

First grade children need not be examined .

The examinations should be made privately and singly.

Children already wearing glasses should be tested with such glasses properly adjusted on the face.

Place a card of Snellen's Test Types on the wall in a good light; do not allow the face of the card to be covered with glass.

The line marked XX (20) should be seen at twenty feet; therefore place the pupil twenty feet from the card.

Each eye should be examined separately.

Hold a card over one eye while the other is being examined.

Do not press upon the covered eye, as the pressure might induce an incorrect examination.

Have the pupil begin at the top of the test card and read aloud down as far as he can, first with one eye and then with the other.

Facts to be ascertained:

1. Does the pupil habitually suffer from inflamed lids or eyes?
2. Does the pupil fail to read a majority of the letters in the number XX (20) line of the Snellen's Test Types, with either eye?
3. Do the eyes and head habitually grow weary and painful after study?
4. Is the pupil probably "cross-eyed"?
5. Does the pupil complain of earache in either ear?
6. Does matter (pus) or a foul odor proceed from either ear?
7. Does the pupil fail to hear an ordinary voice at twenty feet in a quiet room? Each ear should be tested by having the pupil hold his hand over first one ear, and then the other. The pupil should close his eyes during the test.
8. Is the pupil frequently subject to "colds in the head" and discharges from the nose and throat?
9. Is the pupil an habitual "mouth-breather"?

If an affirmative answer is found to any of these questions, the pupil should be given a card of warning to be handed to the parent, which should read something like this:

Card of Warning to Parents.

After due consideration it is believed that your child has some eye, ear, nose or throat disease, for which your family physician or some specialist should be at once consulted. It is earnestly requested that this matter be not neglected.

Respectfully,

.....

School.

If only an eye disease is suspected, the words "ear, nose or throat" should be crossed off; if only an ear disease is suspected, the words "eye, nose or throat" should be crossed off; if it is only a nose or throat disease, the words "eye and ear" should be crossed off.

It will be observed that these cards are non-obligatory in their nature. They do not require anything of the parent, who is at perfect liberty to take notice of the warning card or not, as he sees fit. They simply warn the parent that a probable disease exists, thus placing the responsibility upon the parent.

Nevertheless, if parents neglect the warning thus conveyed, the teacher should from time to time endeavor to convince such parents of the advisability of medical counsel. Teachers are urged to impress upon pupils and parents the necessity for consulting *reputable physicians.*

These tests should be made annually at the beginning of the fall term, and should include all children above the first grade.

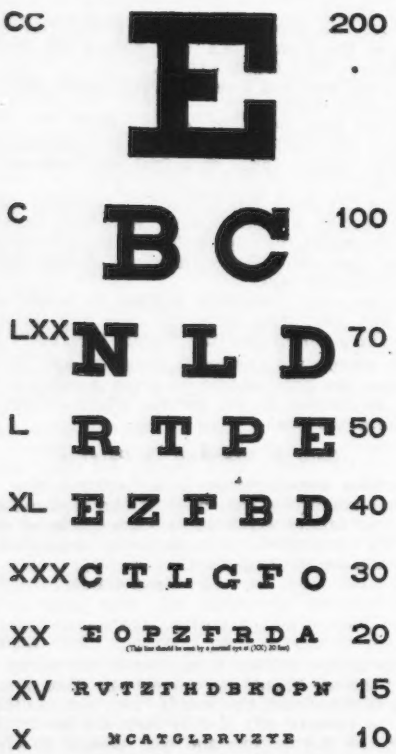
* The Illinois circular consists of a circular issued annually by the State Board of Health to all county superintendents of schools throughout the State. It endorses the idea of the annual systematic examination of school children's eyes, ears, etc., by school teachers, and gives full instructions as to how it may be done. The circular urges all county superintendents to issue similar circulars to all local superintendents of schools, urging them to have the tests annually made in their several localities. Copies of the Illinois circulars may be obtained by communicating with Dr. J. A. Egan, Secretary State Board of Health for Illinois, Springfield, Ill.

Each teacher should examine all the children in his or her own room, and should report the results of such examinations to the principal.

The following simple form of report to be filled out by the teacher and handed to the principal is suggested:

No.	The name of the pupil.	Do the tests indicate an eye, ear, nose or throat disease? Answer "yes" or "no." If so, which?	Was the pupil given a card of warning?
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

I herewith append a picture of the chart which I have devised for school use.



GRAWITZ TUMOR OF KIDNEY.*

By E. O. JELLINEK, M. D., (Vienna), Chief Physician Medical Department, German Hospital, San Francisco.

[Concluded from page 56, February JOURNAL.]

In many of our modern text-books, as far as they were accessible to me, is found the statement that a carcinoma of the kidney can be present for ten years and even longer. I believe this statement is incorrect on account of an erroneous consideration of the facts, and I shall submit to your criticism my arguments for my belief.

It occurred to me that carcinomata of those organs, whose function is constantly taxed, grow and disintegrate more rapidly than those which involve structures upon whose function less demands are made and hence are less irritated. Kindly compare *e. g.* the ultimate conditions of a carcinoma of the stomach, of the mamma and an epithelioma of the cheek. Of these three the most rapidly deleterious is probably the carcinoma of the stomach, not only because digestion is largely impaired, but because the irritation of the constant effect of the normal and of the pathologic gastric juices promotes a more rapid growth of the carcinoma, and what is of much greater importance, a more rapid disintegration. I have seen a female patient, emaciated almost to a skeleton, who suffered from a carcinoma of the pylorus. Two years after gastroenterostomy had been made she was still alive and her weight had increased considerably. Of course, the increase of weight was caused by the better conditions of nutrition due to gastroenterostomy, but at the same time the irritation of the pyloric carcinoma by the gastric juices was neutralized or at least lessened. This carcinoma of the pylorus had been in existence for nearly two years without causing any great symptoms.

When we consider the enormous functional activity and the constant irritation which the kidney undergoes all the time, it seems almost incomprehensible why a carcinoma of this organ should be in existence for a much longer period than in other organs which are less taxed. The following assumption seems to facilitate the explanation of these cases: The symptoms of these renal tumors (case 1) which continue for years, namely: sensation of pressure, pain, colic, difficulty in voiding urine, hemorrhages and a slowly increasing anemia are caused by a Grawitz tumor of a benign nature, and which can have been in existence as such for years. Occasionally from causes unknown to us these tumors grow into the vessels. Thereby their malignancy and propensity for metastatic formation begin. Due to hemorrhages, softening and hyalin degeneration, the original nature of a tumor of the suprarenal capsule may have been transformed to such a degree that its original structure cannot be found any more, or only by means of a most careful micro-

* Read before San Francisco County Medical Society, October 8, 1903.

scopical examination. The prevalence of a malignant cellular proliferation leads to the false supposition that originally it was a case of renal carcinoma or sarcoma. Such was the consideration which in case 1, whose early symptoms had occurred six years previously, induced me to form the diagnosis of a Grawitz tumor.

In case 11 a patient was presented to me who had suffered from hemorrhages—it is true for one year only — but they had been very profuse. The patient was anemic and had lost considerably in weight; still he presented by no means the appearance so characteristic of carcinomatous cachexia as I should have expected in a renal carcinoma causing such profuse hemorrhages. We are aware of the fact that Grawitz tumors are very much inclined to hemorrhage owing to their histological structure.

Concerning the question of a probable diagnosis of a Grawitz tumor *intra vitam* and its treatment, I take the liberty of submitting to you the following conclusive results, retrospective of the pathogenesis of a Grawitz tumor:

1. A Grawitz tumor is a frequent condition of renal tumors, in my opinion perhaps the most frequent of all. It is a benign tumor which can exist for years with more or less pronounced disturbance. On the other hand, primary carcinoma of the kidney is very rare.

2. A Grawitz tumor, in consequence of its sanguineous condition, easily causes hemorrhages of a more or less pronounced violence and duration; they cause corresponding degrees of anemia which endangers the health of the patient. But this anemia has no relation with those cachexias in renal carcinoma, even after a short existence. A Grawitz tumor forms no metastases and does not invade the neighboring organs, provided the vessels are not intruded by it, in which case its nature becomes malignant.

3. Since the danger of a transition into a malignant state is always present in a Grawitz tumor, the invaded kidney should be removed as early as possible, in case of suspicion of the existence of such a tumor, provided, of course, the condition of the other kidney does not contraindicate such an operation.

4. After years of a benign condition a Grawitz may turn into malignant tumor, and from hemorrhages, softening, hyalin degeneration and malignant proliferation it may appear transformed in its structure to such a degree that its real origin cannot be recognized at all, or only with the greatest difficulty, in spite of the most careful microscopical examination. Surely not an inconsiderable number of malignant renal tumors of many years' existence may have originated on this basis.

5. Considering the adduced arguments, I believe a diagnosis of a Grawitz tumor *intra vitam* can be made with a certain degree of probability.

UNDIGESTED THOUGHTS AND COMMENTS.*

By JAMES P. BOOTH, M. D., Los Angeles.

GENTLEMEN: Just before leaving my home to be present at your meeting today, the thought occurred to me that at these meetings there always occur some moments of leisure time, when there is no paper to be read, when no one cares particularly to talk, and when perhaps a brief paper might be relished, even though it be hastily written, and perhaps altogether indigestible. I concluded then to prepare under the above heading, and read to you if permitted to do so, some of my gleanings from recent readings in the medical journals, together with my crude opinions on the matters treated. My object is to provoke discussion, and the fact that a varied assortment of opinion is presented will no doubt excite one or two members at least to present their views on each subject.

Sun Pain.—In his scholarly "History and Etiology of Migraine," Dr. George M. Gould of Philadelphia says (*Journal American Medical Association,* January 16, 1904): "The old term 'Sun Pain,' applied to the disease, is of illuminative significance. It was so called because it lasted, in olden times when the theory was formed, only so long as the sun shone, and ceased with darkness. Now, in those times all reading and writing was done by daylight. At night the absence of artificial lights compelled cessation of literary, sewing, and handicraft occupations. With this ocular rest, as always, came immediate relief of the ocular reflexes called headache and megrim." How far back the "olden time" dates is not shown, but "Sun-pain," with all of its concomitant terrors, and distressing sufferings, is not so old but that some of us who have practiced the Healing Art in the swampy regions of our Southern rivers, recognize and remember in the name an old enemy. In those old days, "Sun-pain" was believed to be solely of malarial origin, and its punctual periodicity of attack, together with its vanquishment by quinine, were cited as proofs positive of that origin. Those old practitioners who remember these facts will also call to mind that the "Sun-pain" of the "olden time" occurred quite as frequently among the negro slaves as it did among the whites. In those days the negro was not given to reading and writing, but his work consisted of plowing, hoeing and wielding the axe; yet those same negroes who were not at all given to literary work, suffered the torments of "Sun-pain" just the same—a pain which no ocular rest could relieve, but which quinine cured. *Tempora mutantur, et nos mutamur in illis.* Is it possible in the changes that do so regularly occur that the old-fashioned "Sun-pain" of ma-

*Read before the San Bernardino County Medical Society, Feb., 1904.

larial origin has changed to a more advanced and fashionable pain produced by literary eye-strain?

Training School for Male Nurses.—"Dr. N. Sallume, Toledo, Ohio, inquires where there is (sic) a hospital or other institution where male nurses are trained."—*Journal American Medical Association,* January 30th, page 323. Male nurses! Male nurses! Ah! yes, time was when we did have male nurses, but alas!

Time hath, my lord, a wallet at his back,
Wherein he puts alms for oblivion,
A great-sized monster of ingratitudes;
Those scraps are good deeds past, which are devoured
As fast as they are made; forgot as soon
As they are done.

Seriously, has it ever occurred to you how thoroughly and completely the female nurse has monopolized the field? While not denying the soothing, tender touch of her hand in typhoid and other lingering fevers, and while conceding to her the entire field in obstetric and gynecologic nursing, don't you think she is better off isolated, in cases of *fistula in ano,* buboes, gonorrhoea, and abscesses or ulcers of the genitalia and rectum, in the male?

The Control of Prostitution is agitating the morally inclined, and particularly the religionists, in many of our cities and towns. In Los Angeles the latter have made a most vigorous crusade, marching in bodies to the abodes of the *demi-monde,* and with promises of homes, and words and sweet songs of consolation and advice, have endeavored to persuade the fallen ones to forsake their evil ways and embrace a life of religious purity. The appeal was ineffectual. When the constabulary interfered, however, and brought the power of the law to bear upon them, both landlord and tenant were frightened into a seeming abandonment of their business. But has the flight of the offenders from the scene of their misdeeds had any real value on the control of prostitution? Not one bit. It has simply disseminated clandestine prostitution. The vice which was shut up in the bawdy house, and the crib, is now secretly carried on in the hotel and the lodging house. Is this a control or even an improvement? On the contrary, it increases the evil and its results, both morally and physically. Dr. M. L. Heidingsfeld, clinical lecturer on dermatology and venereal diseases in the Miami Medical College, Cincinnati, says, in the *Journal American Medical Association,* page 309: "Suppression of prostitution is impossible, and control is impracticable—it is absolutely incapable of coping with the larger and more dangerous class of clandestines, and it is powerless and impotent to materially prevent the spread of venereal diseases, emanating from those directly under control. Its influences are decidedly pernicious and harmful, inasmuch as it defeats salutary segregation, increases the dangerous class of clandestines, restricts liberty, and infringes on personal and constitutional rights. It legalizes crime and fosters disease and immorality, by imparting a false sense of security, and is virtually a deception and a snare. It creates opportunities for blackmail and personal gain, brooks an unjust and often unendurable interference, and discourages necessary and salutary medical attention. There are far more rational and legitimate measures for the prevention of the spread of venereal diseases" (and we might add, the control of prostitution) "along the lines of the suppression of abortionists, and the inculcation of general and individual education and prophylaxis." As long as the abortionist affords an easy escape for the sexually inclined female, just so long will clandestine prostitution continue, and just so long as clandestine prostitution continues, just so long will uncontrolled and uncontrollable venereal diseases continue.

Secret Remedies.—"Why cannot physicians write their own prescriptions, and adapt their remedies to the ever-varying exigencies of disease? Why should the vender of proprietary and secret remedies be upheld by so many of the profession, when Edward Jenner, after twenty-two years of laborious experimentation and research, freely gave the priceless boon attained to mankind, and when he could have made countless billions of money from the whole world by dispensing it as a secret and sovereign remedy against a loathsome and desolating scourge?"—Wm. T. Howard before the Maryland Medical Society, and published in the *Journal American Medical Association,* January 30th, page 296.

"Hemorrhoids curable without surgical interference. Immediate relief followed by a complete cure in every instance is produced by Dr. Bartlett's formula put up under the name of the Bartlett's ———, 14 in a box and sold at $1.00 by druggists, also sent by mail, etc." — *Same journal, same date, advertising page 57.*

Query: Why cannot medical journals which preach ethics refuse their advertising columns to these "venders of proprietary and secret remedies" and set the profession a good example of "practice what you preach"?

Contract Practice.—We are told by many practicians, and taught by all the medical journals, that contract practice is unethical, and I believe it is. The question is, where is the line to be drawn? One medical man says "it is wrong to accept the contract work of the various lodges," and yet he accepts examination work from insurance companies at so much an examination—and

the fee is invariably stipulated by the company. "But," says another, "I will not make a physical examination, and place my name to a certificate, unless I be allowed to stipulate my fee, whether it be for an individual or a corporation"; and yet this same practician accepts a position with a railroad corporation and signs a contract to do an unknown quantity of professional work for a pass and perhaps fifteen or twenty dollars per month; frequently for the pass alone.

How quickly nature falls into revolt
When gold becomes her object.

The Doctor's Dream.—The medical man is the poorest paid "laborer in the moral vineyard"—and no wonder he occasionally falls into verse, since he cannot fall into estates. Here are some doggerel lines which I read the other day, and with which I will close my disjointed scrawl, for "a little nonsense now and then is relished" even by the wise physician.

Last evening I was talking
With a doctor aged and gray,
Who told me of a dream he had—
I think 'twas Christmas day.
While snoozing in his office
The vision came to view,
For he saw an angel enter,
Dressed in garments white and new.

Said the angel: "I'm from Heaven;
The Lord just sent me down
To bring you up to glory
And put on your golden crown.
You've been a friend to everyone,
And worked hard night and day;
You've doctored many thousands,
And from few received your pay.

"So we want you up in glory,
For you have labored hard,
And the good Lord is preparing
Your eternal, just reward."
Then the Angel and the doctor
Started up towards Glory's gate,
But when passing close to hades
The Angel murmured, "Wait;

"I have got a place to show you,
It's the hottest place in hell,
Where the ones who never paid you
In torment always dwell."
And behold, the doctor saw there
His old patients by the score,
And grabbing up a chair and fan,
He wished for nothing more.

But was bound to sit and watch them
As they'd sizzle, fry and burn;
And his eyes would rest on debtors
Whichever way they'd turn.
Said the Angel, "Come on, doctor;
There's the pearly gates I see."
But the doctor only muttered:
"This is Heaven enough for me."

He refused to go on further,
But preferred to sit and gaze
At the crowd of rank old deadheads
As they lay there in a blaze.
But just then the doctor's office clock
Cuckooed the hour for seven,
And he awoke to find himself
In neither hell nor Heaven.

PUBLICATIONS.

Blood-Pressure in Surgery; an Experimental and Clinical Research. The Cartwright Prize Essay for 1903. By George W. Crile, A. M., M. D. Published by J. B. Lippincott Company. The volume in question represents a large amount of research, undertaken with the object of, if possible, clearing up some of the confused ideas on this most important subject. "Investigation of the views as to the various causes of low blood-pressures in surgical cases, (*Can a "surgical case" have a low blood-pressure?*—Ed.) and of the methods employed in controlling the same in the various clinics of the surgical world, reveals a diversity of opinion as to the former and a diversity of method as to the latter." To combat this lowered blood-pressure, many things are used by different men. Digitalis, strychnin, nitroglycerin, ether, atropin, caffein, ergotin, etc., are employed; "synergists and antagonists simultaneously, while some surgeons give no drugs." The work gives full data of the experiments in which all of these things were used, and also a large amount of data in connection with actual operations undertaken experimentally. It is a very complete essay, from the laboratory side, on this very grave question.

U. S. Department of Agriculture. Poultry as Food, by Helen W. Atwater.

Standards of Purity for Food Products. Circular No. 10, office of the Secretary. This is the first leaflet of the standards of this class, authorized under the act passed and approved June 3, 1902. That act authorized the department to determine standards for foodstuffs, but there is no accompanying authority to see that the standards so fixed shall be carried out. The present leaflet covers meats, milk and its various derivatives, sugar, candy, spices and cocoa.

Misoneismus. A charming word employed by Dr. Archilles Rose, in the *Post-Graduate*, to indicate "the deeply rooted inclination of mankind to combat new ideas." He says: "We find in the history of the world, and especially in the history of medicine, innumerable instances in which new ideas have been persistently rejected, which Time has nevertheless proved to be of the greatest service to mankind." Agreed.

Prehistoric Trephining. *American Medicine*, Jan. 2d, 1904, prints some editorials giving an excellent resumé of this, to some of us, interesting subject. I may add to what is there set forth the fact that some three or four years ago I operated on several dogs, trephining the skull—in fact, performing the whole operation—with aboriginal flaked or chipped implements. The dogs recovered from the operation. One specimen is deposited in the Army Museum, Washington, D. C.; the others seem to have been lost. At the time they were performed, these were the first and only operations of the sort recorded. They were done to determine the then disputed point, whether an animal could be so operated upon and recover from the operation.—P. M. J.

A CASE OF CHRONIC SUPPURATIVE DISEASE OF BOTH FRONTAL SINUSES—OF BOTH MAXILLARY ANTRA—THE ETHMOID CELLS ON THE RIGHT SIDE OF THE SPHENOIDAL ANTRUM — WITH DEMONSTRATION OF PATHOLOGIC SPECIMENS.*

By REDMOND PAYNE, M. D,
Oculist, Aurist and Laryngologist to the Southern Pacific Hospital, San Francisco.

Operations and Recovery.

BECAUSE of the very complicated character of this case, nearly all the accessory cavities having been involved at the same time, I consider it worth reporting to you.

The patient, Miss D, age 30, had been suffering from severe headaches, frontal and occipital, for 10 or 12 years, which were often associated with vomiting and fever and regarded as sick headaches. About five years ago in one of these attacks, the nose became slightly swollen and the right lower eyelid edematous, all of which subsided as the attack passed off. The attacks since that time have been more frequent all the way from every six months to every six weeks, each attack lasting 10 days or two weeks. Sometimes the upper lid of the right eye also being edematous. This would subside after the attack, but the nose, especially the end, remained enlarged and reddened. In one or two recent attacks the skin on the right side of the face and nose and eyelids became greatly swollen and glazed, the skin peeling off as after an erysipelas. Between these severe attacks she was never free from pain, it being greatest at the occiput, and there was also a constant sensation of pressure across the nasal bones and over the frontal sinuses, at times over the whole face; for several months past there has been an afternoon temperature, at times 101.

So much for the conditions that were present, externally and subjectively, all of which would have suggested at once to the rhinologist that an accessory sinus was at the bottom of it and he would have proceeded to explore the nasal chambers accordingly. In this case it will be interesting to note what was not present. There was no mouth breathing, the naso-pharynx and nasal chambers were perfectly free. There was no discharge or history of discharge, either anteriorly or posteriorly. There were no polypi, or polypoid degeneration of any portion of the mucus membrane of the nose proper; the inferior turbinates on both sides were normal, the middle turbinate on the left side slightly hypertrophied and that on the right side (where we had the most trouble) was considerably hypertrophied and edematous. Trans-illumination gave both antra and both frontal sinuses uniformly dark, so that its information was negative. We were left with but one definite localizing sign, that was the edema of the eyelids and internal canthus of the right eye, which was strongly suggestive that the ethmoid cells were involved.

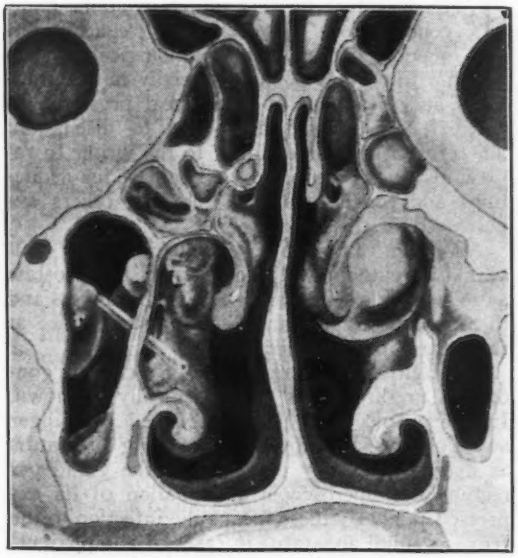
Proceeding upon this conclusion, the right middle turbinate was removed completely and the anterior wall of the ethmoid cells broken down, with considerable relief to the pain, but otherwise no change except to show that pus was coming from the infundibulum and probably from the maxillary ostium; as only a drop or two appeared in the field, however, an exploratory opening was made through the canine fossa of both antra with the result that a drachm of creamy pus flowed from each one. From the right antrum I took this large quantity of granulation tissue and polypi, probably one-half ounce, and from the right frontal sinus, which was opened in front, the infundibulum freely enlarged into the nose, I took this large serous cyst in addition to quite a quantity of small polypi and granulations. Through the right frontal sinus I opened the posterior ethmoid cells more freely than had been done through the nose, removing several polypi, which I did not save. There was a small quantity of pus from both the frontal sinus and the cells. All the symptoms subsided in a few weeks except the pain at the occiput, and some edema remained at the internal canthus. In spite of the very thorough curettment of these sinuses, the pus discharge continued very profuse—two hours after irrigation of the right antrum I found it again filled with pus—but when the frontal sinuses and antrum were irrigated the latter did not refill for 12 to 24 hours. Here was an indication at once that the frontal sinus communicated with the antrum. There was but one source for the pus and that was the left frontal sinus, which I then opened, finding quite a quantity of small polypi and granulations and a small quantity of pus in the infundibulum. The infundibulum was enlarged into the nose. At this operation, which was two months after the first, I re-curetted both antra and the other sinus and posterior ethmoid cells, the granulating areas of which were infected by the pus running over them. From this time on the sinuses operated on went on to complete recovery. All the symptoms subsided except, as after the first operation, the occipital headache, which still persisted. I then regarded the sphenoidal antrum and anterior ethmoid cells not already reached as probably also involved, and accordingly laid open freely the anterior walls and broke down the floor with a curette. This was done under cocaine, and was followed with entire relief from occipital pain and the sensation of pressure, in a very few days. The patient has made practically a complete recovery, is free from all headache and fever, has gained in flesh and general health, the nose has become normal in size and color, etc. Before the eyelids became prominently affected, the headaches were considered as due to a condition of the stomach requiring lavage, which treatment was carried but for several months. This not being effective, the pelvis was held responsible, the uterus curetted and an ovariotomy done. I have no reason to believe but that both these conditions were present and the treatment indicated, but the symptoms for which both were done were the severe and continuous headaches.

This case is reported, not because the condition is unusual, but on the contrary that it is rather common. About the only very uncommon feature about the case is the involvment of nearly all the sinuses in the one patient. This case simply serves to prove the rule in chronic suppurative disease of the accessory sinuses, viz.: that they are usually filled with polypi, granulations, connective tissue bands, and lined by a pyogenic membrane which can be treated effectively only by methods of operation that will enable one to explore every wall of the sinus operated upon.

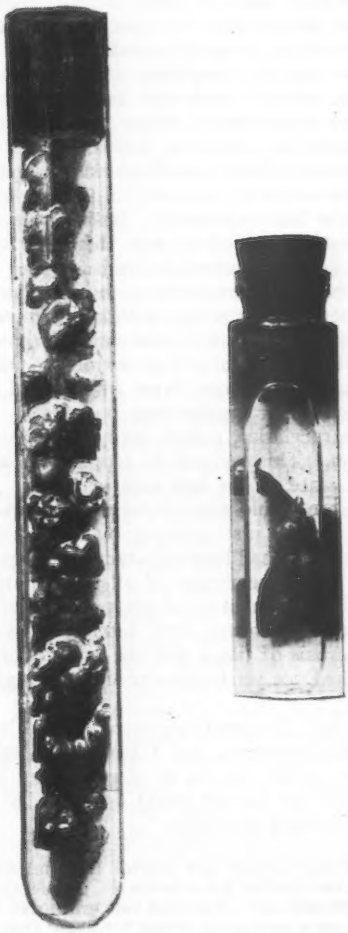
Take, for example, the management of chronic empyema of the maxillary antrum. Our diagnosis

* Read at the Thirty-third Annual Meeting of the State Society, Santa Barbara, April 21-23, 1903.

must exclude the possibility of other sinuses draining into it, then, unless some tooth is distinctly the cause of the trouble, the operation should consist in making a large opening through the canine fossa and enlarging the normal nasal



ostium freely; this enables one with a head mirror and ear speculum to examine every wall of the antrum carefully and accurately; the No. 1, laryngeal mirror can be used to explore the anterior wall. This, to my mind, is the only accurate and satisfactory method of operation in such cases; because it is not followed, and the cure attempted through an opening in the alveolus, I believe explains the many failures, and years of unsatisfactory treatment of antral disease. There are two or three matters of detail in the after-treatment of these cases that I think are of importance. I have not found the indefinite injection of solutions of silver salts of the slightest value. My best results have been by using a 1 per cent. carbolic in 4 per cent. boracic acid solution as an irrigant, for its anesthetic and cleansant effect—it is very grateful to the patient. The most effective application is nitrate of silver one drachm to the ounce applied thoroughly into every recess of the antrum, then irrigated with 2 per cent. salt solution twice daily. This application is made every third or fourth day until the pus secretion ceases. I usually pack the antrum daily for the first week ,then insert a silver plug; this is not dispensed with until the antrum remains perfectly dry for ten days. The same general considerations apply to the frontal sinuses; instead of silver plugs I use a curved and fenestrated silver drainage tube. It is removed daily for irrigation and cleansing until the sinus is completely filled with granulation tissue and obliterated, when it can be removed. If, however, no extensive degeneration of the lining membrane has taken place, the external wound can be closed at once and simple irrigation carried on through the nasal openings. Treatment of the empyema of the ethmoid cells and the sphenoidal antrum simply requires the thorough removal of the anterior and inferior walls, which is readily done, if the middle turbinate is completely removed. In this case there was nothing to indicate that the sphenoidal antrum was involved except the persistence of the occipital pain and a subjective odor to the patient, the latter having become apparent since opening the ethmoid cells.



The Ogston-Luc operation on the frontal sinus is the one made in this case, and the one I prefer, since I think it affords one a better opportunity for exploring both sinuses. There are a variety of methods of operating, that of Czerny, Jansen,

Kuhnt and others, but the Ogston-Luc probably meets the indications of most chronic cases. There are several points that are very interesting in this case. First: The number of sinuses involved and the long duration of the trouble. Second: The absence of discharge into the nasal cavities. Third: The absence of polypi within the nasal cavities. Fourth: The communication of one sinus with another, viz.: that the right frontal sinus discharged into the antrum, and I am rather of the opinion that the posterior ethmoid cells did also.

There are a variety of forms of accessory sinus disease, and I think Bosworth's classification covers best the cases one meets clinically. He divides them into five groups:

1. Where there is myxomatous degeneration without suppuration. In this class of cases there are no polyps, properly speaking, but a swelling of the mucus membrane of the middle turbinated, which is soft and has the characteristic color of myxomatous tissue. Such a condition is generally a prelude to polyps.

2. Extracellular myxomatous degeneration, with intracellular suppuration. This form succeeds the last mentioned. Besides the transformation of mucus membrane, there is a discharge of pus from the ethmoidal cells.

3. Purulent ethmoiditis with nasal polyps.

4. Intracellular polpys without suppuration. In an example of this type, the author found a middle turbinated enlarged to double its usual size. Removal of the bony layer of ethmoid revealed the presence of a gelatinous polypus.

5. Intracellular polypi complicated with suppuration. This seemed to represent a more advanced state of the last mentioned.

My case would seem to be well covered by the fourth group just passing over into the fifth. That is, there had been myxomatous degeneration of the lining membrane of all these sinuses with intracellular formation of polypi for several years, without suppuration, only recently passing over into necrosis of tissue and the production of pus, which had not yet become profuse enough to discharge.

One finds frequent reference to cases of closed ethmoidal empyema, but I have not been able to find any reference to a case such as I report, where all the sinuses could be regarded as in a state of closed empyema.

The Public Health and Marine Hospital Service reports three deaths from probable plague during the month of January. The last one was case 113. No infected rats have been found for some time, though numbers of them are caught and examined for pest infection.

It is said that there are now 29,200 doctors in Germany, the number having more than doubled since 1876; in the same period the population has increased only one-sixth.

OBSERVATIONS ON THE PROSTATE GLAND IN ITS RELATION TO GONORRHEA.*

By MARTIN KROTOSZYNER, M. D., San Francisco.

THE literature on this subject contains many contradictory statements as regards frequency, etiology, and pathological classification. Important points, especially in the prognosis and treatment of gonorrheal prostatic affections, are mooted and open to discussion. Therefore it appeared timely to the writer to review his own material and to compare his deductions and conclusions with those of others experienced in this field.

About ten years ago text-books uniformly dealt with two pathological processes of the prostate as sequels of gonorrhea—the prostatic abscess and the spontaneous appearance of prostatic juice at the meatus or prostatorrhea.

Prostatitis, as a complication of a chronic gonorrheal urethritis was then practically unknown. Its coincidence was first established by Finger and Posner, who proved a coexisting prostatitis as diagnosticable by palpation of the gland per rectum and microscopic examination of its expressed juice. By these means the infection to the female genital apparatus in cases of an apparently cured chronic gororrhea could be traced to the secretion of the diseased prostate pressed out at the moment of ejaculation. The anatomic basis for Posner's investigations was furnished by Finger, who in a number of cadavers of men, in which ante mortem a chronic urethritis was observed, found the prostate gland to be the seat of periglandular as well as endoglandular infiltrations. Particularly important was the fact that in a large percentage of cases examined an obstruction of the ejaculatory ducts by invasion of round-cells was found as a proof of retained inflammatory and infectious material that at any provocation, especially in cohabitation, could be thrown to the surface.

In the majority of instances it is unfortunately impossible to ascertain the onset of gonorrheal prostatitis, no characteristic or pathagnomonic symptom pointing to the invasion of the prostate. The diagnosis of a coexisting prostatitis in gonorrheal urethritis cannot be made through clinical observations, but must be established by palpation of the prostate and macro- and microscopic examination of its secretion. Again and again one will be confronted with cases where no symptoms, or very vague symptoms, difficult in their interpretation in connection with any particular organ of the genito-urinary tract, are present, and where the palpatory evidence of the gland and careful examination of the juice will demonstrate pathological material of appalling gravity.

* Read before the San Francisco County Medical Society.

Statements of various authors differ materially as regards the frequency of prostatitis in gonorrhea. Some regard every gonorrhea invading the posterior urethra as coinciding with involvement of the gland. In this connection Frank's and Bierhoff's reports deserve mention. The former found in 210 and the latter in 151 cases of posterior urethritis, the prostate involved in 100 per cent, while Colombini and Goldberg only found between 30 and 50 per cent in their material. In my cases I have not because in many cases with a profuse urethral discharge it was impossible to obtain prostatic fluid that was not mixed with secretion from the urethra, and also because it included many chronic and tenacious cases of posterior gonorrhea where inflammatory conditions of the deeper appendages of the urethra may have existed previous to my observation. I am, though, justified in stating that in at least 50 per cent of my cases an involvement of the prostate was diagnosticable. In only a small number of my patients a feeling of fullness in the prostatic region was complained of, while other subjective symptoms (tenesmus, frequent painful micturation, spasmodic pains at the end of urination or appearance of blood or pus at the end of micturation) seemed to depend upon the condition of the urethra and the intensity of the inflammatory process in the prostate, either in its totality or in some part of it. As all these symptoms in the majority of cases were absent, the diagnosis was only made possible by palpation and examination of prostatic fluid.

Palpation revealed varying results as to the form, size and consistency of the gland. The prostate is found to be large, of medium or small size. We are still lacking a trustworthy method that enables us to exactly measure the gland. The gland may be either hard or soft and the difference in consistency may extend over the whole organ, or only a limited portion. Between the hard knots one often feels soft doughy places; rarely is palpation of the gland painful to the patient. Repeatedly the gland appeared fairly normal upon palpation, while the macro- and microscopical examination of the expressed juice prove the evidence of diseased foci. Rarely only a gland that appeared involved upon palpation did not reveal further pathological material through examination of its secretion. In those cases, as a rule, little or no secretion was obtainable, because it either remained in the posterior urethra, between the two sphincters, or it was found afterward in the bladder. For these cases the method that I published ten years ago proved diagnostically valuable: Let the patient urinate at first in 2 glasses, keeping a portion of urine in his bladder. As a rule these first two portions appear to be almost void of shreds, pus, etc. Then the prostate is pressed out and immediately afterward the last portion of urine is voided, which will be found cloudy and turbid, containing abundant material of an infectious character. It must, though, not be forgotten that after ejaculations, pollutions, or where through periglandular infiltration an obstruction within or outside the ducts is present, no or very scanty prostatic secretion is obtainable. If the secretion in such cases is merely furnished by a healthy acini, no pathological data, macro- or microscopically, will be ascertained. These are rare exceptions and upon further observation will soon be diagnostically cleared up.

The macroscopic features of the expressed fluid are differently described by various authors. I agree with Goldberg, who points out as most characteristic of the diseased fluid its not being homogenous in its aspect. We do not see when drop after drop falls upon the object-cover an equally fine emulsion, but rather a conglomeration of unequal corpuscular elements of different consistency. In other words, while the normal gland secretes a milk-like secretion, the diseased one furnishes a fluid similar to that of turbid, floccular water.

It is erroneous to assume that a gland apparently normal upon palpation will always secrete fairly normal macroscopical fluid, because not rarely from such apparently healthy glands an abundant milk-like gelatinous secretion is expressed, that microscopically shows all evidences of infectious material.

Microscopically the most important findings are given in the appearance of pus cells in abundance. The presence of clumps of round cells is particularly noteworthy and is justly considered the most important evidence of an existing prostatic involvement. Spencer and myself found some round cells in normal prostates in individuals with no gonorrheal history, in one case even blood corpuscles and pus cells more numerous than usual in a young man with a normal prostate expressed the morning after venereal excess, but we never found these characteristic clumps of pus cells that are pathognostic for an existing prostatitis. Increase in epithelial cells is considered by some authors as a pathological symptom. I have found this symptom missing in quite a number of my slides. Absence or decrease of fat globules is certainly in my experience of diagnostic value. Since in the healthy gland fat is always found in abundance, its absence or decrease must necessarily be interpreted as a pathological phenomenon. Gonococci are not easily demonstrated in prostatic fluid. The first six months after the onset of the infection they may be found, and even at this period one has to search several slides before a solitary or a few pairs of unmistakable gonococci—with the aid of Gram's method—are recognized. Later they are very rarely

to be seen. I agree with Goldberg, who claims that gonococci in the prostate perish after a certain period. Whoever has devoted time and pains to staining specimens of prostatic fluid will admit that he never saw the abundance of intracellular specific diplococci as noticeable in urethral secretion. Often the form and staining quality of microörganisms are such that a correct dagnosis, to say the least, is doubtful.

The statement of many authors that autoreinfection quite generally occurs from hidden foci in the prostate can only be accepted for those rare cases where a coexisting urethritis can be excluded, which in reality was present in the majority of my observations. In cases, for instance, where anamnestically repeated gonorrheal infections could be ascertained, it seems doubtful whether reinfection was due to old foci or or to a fresh involvement of the prostate. Wherever recurrent urethral catarrhs with gonococci are rapidly cured by prostatic massage with consecutive irrigations of the whole urethral canal without a catheter, we must assume the infectious material to be deposited in the more superficial parts of the prostatic ducts. Every experienced urologist knows that whenever the glandular tissue of the prostate is once invaded by infectious material, a successful treatment s very tedious and a cure a matter of grave doubt. In time the gonococci will disappear, but the other microscopic findings of pathologic note remain stationary, especially clumps or nests of round cells will appear on slides taken from patients who have been treated for years. Further observations taught me that these prostates cease to be infectious in time. I therefore don't share Finger's radical view, who refuses permission to marry to his patients who, after a chronic posterior urethritis, do not show normal prostatic juice on microscopical examination, i. e., no pus cells nor gonococci. If, after repeated examinations, I do not find gonocoeci, I do not object to matrimony, even if the slides show abundant round cells; results prove my procedure to be correct.

Neurasthenia is often a sequel of gonorrheal prostatitis; a fact not sufficiently appreciated in its far reaching consequences by the general practitioner. A conservative estimate proves about 20 per cent to 30 per cent of all cases to be future neurasthenics. Frequently the nervous affection is based upon temporary impotence. Vecki, in his excellent monograph on sexual impotence, points to the frequent coincidence of temporary impotence with chronic gonorrhea, but, to my mind, does not sufficiently accentuate the frequency of decrease in sexual power observed in chronic gonorrheal prostatitis. Here gratifying results may be obtained by a rational local and general therapy.

Goldberg has lately attempted to classify the different forms of chronic gonorrheal prostatitis, but I fear the acceptance of his classification will be marred by its being too numerous and complicated. Clinically, I differentiate between a total parenchymatous prostatitis and the prostatic abscess (where the gland is invaded in its totality) and a partial or follicular form (where only uarts of the gland are diseased). It seems also proper to divide between a prostatitis with and that without a coexisting urethritis. Symptomatically, I have found two large groups predominate, viz.: Latent chronic prostatitis with subjective symptoms of various character (polla kiuria, imperious or spasmodic tenesmus, etc.) and that form of prostatitis as observed in sexual neurasthenics. This classification is still lacking in simplicity, although the rare forms of gonorrheal prostatitis are purposely not included.

The treatment can only produce good results if based upon an exact diagnosis and carried out by a tactful and experienced physician. We must, as Leyden teaches, bear in mind not to treat the disease only, but the individual patient. The prostate being a most important sexual organ, it is apparent that any of its pathological affections will be complicated with grave nervous manifestations.

Active treatment of the prostate should be delayed until acute inflammatory conditions have abated. Much, though, can be done during this period by rational internal and hydropathic treatment (salol, diaretics, prolonged hot sitzbaths).

In local therapy massage still occupies the first place, and if done carefully at the right time, and at correct intervals, according to the symptoms of each individual, it certainly is a powerful remedy, though I am under the impression that this procedure is often carried out without strict indications. This indication is generally present whenever infectious and stagnating secretions are retained in the prostate, which could not or would not be evacuated spontaneously. Guépin warns against the promiscuous application of massage, as fraught with deleterious results if done without delicacy and on strict indications, and I cannot add anything new to the technique of massage which has been repeatedly described in recent publications on the subject. No instrument can or should replace the finger in massaging the prostate, as its touch is indispensable in gauging the intensity of the procedure for hard knots or soft spots; for large succulent glands that squirt out abundant watery discharge on slight pressure, or for hard fibroid organs that will hardly yield a drop to a rather forcible massage carried over several minutes. How to massage, when, how long and at what intervals are points that are only learned with growing experience.

In cases with a coexisting urethritis, massage is followed by irrigation of the total urethra with a nitrate of silver solution 1-600 to 1-500. Whenever a urethritis is present with infiltrated areas in the canal, massage is followed by dilatation of the urethra; in the beginning with steel sounds and later with Kollmann's dilators with rubber coat. The whole urethra is afterwards either irrigated or to circumscribed infiltrated areas of the posterior urethra instillations of nitrate of silver are made, one-half to 6 per cent. Lately I have used for most obstinate cases Koilmann's irrigation dilators and am more satisfied with my results. In spite of what is claimed for the efficacy of new silver salts I have had the best success with nitrate of silver.

In acute and subacute forms of prostatitis I can advocate local applications of hot water through Artzberger's instrument; for chronic forms with nervous manifestations the double-channeled instrument should be used that permits the application of hot and cold water and its repeated change at the same sitting. Suppositories containing an astringent (ichthyol) or a resorbent (iodid of potash) drug are generally quickly absorbed by the rectum and in my experience without value; medicated clysmas for the same purpose are not borne well by the patient, but deserve to be tried in tenacious cases.

For local application of electricity, I use an electrode as indicated by Vertuhn, which represents a slight modification of an ordinary button electrode. The other padded electrode is placed upon the perineum. I generally apply mild faradization and never longer than two to five minutes.

Most important is the general roborative and especially the psychical treatment of neurasthenic symptoms. Here the physician's tact and experience have to decide whether a local treatment will be beneficial or harmful to the patient, who, in his nervous, or rather hypochondrical state, is prone to overestimate the pathological importance of slight local symptoms, as for instance, the appearance of a morning drop. Many patients have been converted into confirmed sexual neurasthenics by local overtreatment, while on the other hand, a careful local treatment and removal of slight symptoms may have an excellent influence on the patient's general nervous system.

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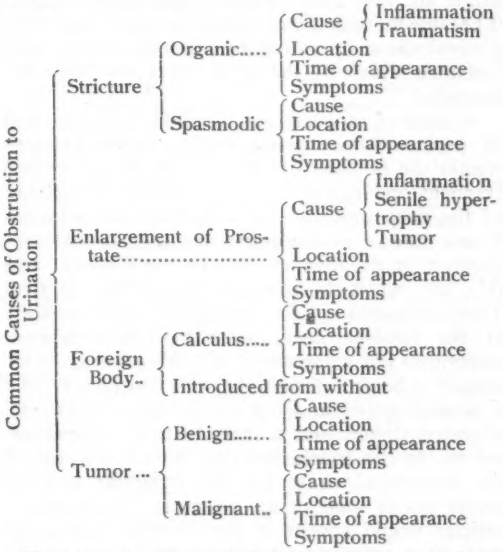
Dr. C. A. Poage, secretary of the Mendocino County Medical Society, has moved from Hopland and has located at Colusa.

CONTRACTURE OF THE VESICAL NECK*

By R. L. RIGDON, M. D., Chief of Genito-Urinary Clinic, Cooper Medical College.

THE regular and proper performance of the urinary act is so important to the well-being of the individual that any interference with it at once demands attention. There are many causes operating to bring about urinary disturbance, but in this paper we consider but one, that of obstruction, and this question is itself restricted to very narrow limits. Obstruction may exist at any point within the urethra, or may be situated within the bladder at the internal meatus. The accompanying diagram gives the more common forms:



This classification, while by no means complete, serves as a working basis for clinical purposes, and most cases can be assigned to one or the other heading. It was the working scheme adopted by the writer in investigating appropriate cases, and for a time was fairly satisfactory. Gradually it became more and more difficult to make all cases accord with this scheme because of seeming contradictions in history, symptoms and findings. A young man who denied venereal history or injury would present himself with symptoms of urinary disorder, and upon examination the membranous and spongy urethra would be found free from stricture. Some obstruction might be felt in the prostatic urethra, but rectal examination would show the prostate not enlarged, and besides, the man's age precluded hypertrophy. Clearly this case could not be grouped in the foregoing classification. Another patient would be a man of middle age whose symptoms pointed to bladder stone. Interruption of the stream would be marked and terminal pain felt beneath the glans

* Read at the Thirty-third Annual Meeting of the State Society, Santa Barbara, April 21–23, 1903.

penis and at the bladder neck. Careful examination would fail to reveal the presence of a calculus nor could stricture of the urethra be made out. A full-sized bulb would meet with some obstruction at the bladder neck, but a large steel sound would pass with ease. No rectal evidence of prostatic hypertrophy could be found and the cystoscopic examination would be negative. Again would we find difficulty in classifying this case. Another patient would complain of frequent urination both by day and night, and careful investigation would fail to reveal any adequate cause. To this symptom might be added various neuralgic phenomena in related organs, such as pain felt about the rectum or radiating down the thigh, etc. As such irregular cases accumulated, it became more and more apparent there was some general cause operating to produce urinary disturbance which by the writer was not fully appreciated.

A number of years ago I adopted the method of perineal drainage in dealing with stricture within the bulbous urethra, and thus had rather frequent opportunity to make digital exploration of the deep urethra. In a number of instances it was noted that the finger met with decided resistance in its advance toward the bladder, and this, too, when the prostate was normal in size. There appeared to be a contracture of the urethra at the bladder neck, sometimes well defined, sometimes not so pronounced. As experience increased it became certain that this contracture was a positive entity and not the delusion of an uneducated finger, and a little further observation led me to the conclusion that I had now found the anatomical cause for the irregular urinary symptoms in some of my patients. Occasionally articles would appear in the journals indicating that other surgeons were meeting similar conditions. Eugene Fuller of New York reported a number of cases and referred to investigations and reports of French surgeons of a generation ago. His report was followed by others, until now this unclassified group is becoming well recognized. So far as I know, this subject up to the present time has not been discussed by this society.

No better name for the condition has been suggested than that of "Contracture of the vesical neck," which was the designation adopted by the early French writers. The histological changes have not been fully worked out, since so few opportunities for post mortem investigation are presented. It is evident there is a development of organic elements about the bladder neck to which, under some circumstances, may be added muscular spasm. Chetwood in a recent article speaks of it as a fibroid infiltration of the glandular and muscular tissues surrounding the bladder neck, while Fuller characterizes it as a chronic contracture of the prostatic fibers encircling the vesical orifice, permanent, rigid and unrelaxable under an anesthetic.

Cause. The cause seems to be chronic congestion of the prostate. Inasmuch as congestion may be brought about in many ways, it follows that this condition of fibroid contraction may be found in individuals with widely differing histories. In one there may be a history of overindulgence in sexual pleasures either natural or unnatural, while in another the sexual passion has been as rigidly controlled as possible. One patient will give a history of alcoholic indulgence and another of abstinence, but in all there will be found some cause operating to produce chronic prostatic congestion.

Symptoms. In my experience the prominent symptom is frequency of urination, both diurnal and nocturnal, and with this is usually associated pain slight or severe. The pain is terminal in character and if the stream is interrupted, which sometimes occurs, the symptom complex or vesical calculus is closely simulated. If the frequency of urination is great, congestion of the bladder results and perhaps infection may follow, in which event the symptoms of cystitis will be present.

Treatment. The treatment is both general and local. Sexual hygiene must be enforced, the urine must be rendered and maintained unirritating, and measures must be adopted to relieve the prostatic congestion and hyperesthesia. Hepatic stimulants may be needed, the bowels must be regulated when necessary. Rectal douches and massage of the prostate are useful, and instillation of nitrate of silver or other solutions into the prostatic urethra may be tried. When the condition is well advanced, operative measures must be resorted to. Overstretching of the prostatic urethra by means of appropriate dilators can be tried, but gives only temporary relief. Division of the contraction, radical and thorough, is undoubtedly best. Up to the present time I have used the knife in making this division, but since reading the article by Chetwood dealing with this subject, I am of the opinion that the best results will be obtained by dividing the offending fibers by means of a modified Bottini instrument introduced through a perineal opening. The following illustrative cases are reported:

Mr. G, Age 40, single, occupation carpenter. Denies venereal history. Was a steady drinker, but not to excess. Perfectly well until September, 1901, when he became much overheated while trying to extinguish a fire. Was suddenly seized with pains in back and after a few days urinary disturbance came on. Desire to urinate was very frequent and the act was attended with considerable pain. At first there was no trouble in starting the stream, but later it would sometimes start with difficulty and the stream was interrupted. He had never passed a stone or gravel, but occasionally some blood would show in the urine. His bladder was irrigated for a time with some relief, but after a few weeks the symptoms regained their

former intensity. He consulted me in November, 1902. At that time he was considerably emaciated, his general appearance being that of a man in great suffering. He was urinating every few minutes and at each act suffered severe pain, which was referred to the under surface of the glans penis. The stream was interrupted. His suffering was so pronounced that he had been taking large doses of morphin in an effort to obtain relief. At the examination his urethra was exquisitely sensitive and a general anesthetic had to be employed. Normal caliber of urethra was 35 F, meatus 25 F, which entered to vesical neck. Number 20 F, steel sound, was passed into the bladder with some difficulty. No vesical calculus could be felt with the stone searcher, but upon introducing the instrument the sensation of a prostatic stone was imparted to the hand. The prostate was not enlarged. Urine contained much pus, some blood and albumen. No kidney elements could be found. Diagnosis: Probable prostatic calculus. Operation advised.

The usual perineal incision was made and the prostate carefully explored. No calculus could be felt nor any deposit of salts within the canal. No bladder stone. The prostatic urethra immediately adjoining the bladder, in other words, the vesical neck, was found narrowed to the size of a Number 20 F. With a bistury this was incised on the floor of the canal until no obstruction remained. The bladder was washed out and perineal drainage established through a large rubber tube. The presence of the tube caused so much distress that it had to be removed at the end of twenty-four hours. All pain then ceased and the patient progressed to an uneventful recovery. Steel sounds were introduced at intervals until the man returned to his home about the middle of December. His frequent urination had ceased and the pain had disappeared. I heard from him several months later and he was then well.

H. M., single, age 39. Denies venereal history. Perfectly well until November, 1901. Then noticed frequent desire to urinate accompanied with pain. The onset was sudden. Soon the stream was diminished in size and force and there was hesitation in starting. He began the use of the catheter during the winter and irrigated the bladder, but without relief. The introduction of steel sounds was tried with negative results. He had never passed blood or gravel. He continued in much the same condition until July, 1902, when he consulted me. At that time he was urinating every hour and the act was accomplished only after much straining. Normal caliber 35 F. meatus 30; (entered the prostatic urethra, but there was stopped). Number 25 passed into the bladder. A soft rubber catheter could not be introduced, but with a silver catheter about twelve ounces of urine was withdrawn. The prostate per rectum was smooth, not enlarged, not sensitive. Seminal vesicles were perhaps slightly thickened. Examination of the urine showed much pus, slight albumen, few blood cells, no casts or other kidney elements. Cystoscopic examination was not made at this time. Diagnosis: Intravesical growth occluding the urethral orifice. Operation was recommended.

The usual median perineal incision was made into the membranous urethra. Exploration of the prostate revealed a marked and rigid contraction of the bladder neck, which was relieved by liberal incision. No stone or vesical tumor was present. Perineal drainage was established and the usual after treatment of perineal cases was followed. The wound healed slowly, a small fistula remaining for several months, but this eventually closed. The frequency of urination was much diminished, the patient having to arise once at night, and the pain was entirely relieved. A peculiarity in this case was the condition of the musculature of the bladder. Almost complete paresis had followed the repeated overdistensions and in spite of the fact that the obstruction had been removed, the use of a catheter was necessary to empty the bladder. The bladder has gradually regained power until at the present time the larger portion of the urine can be passed voluntarily. When necessary to use it, the rubber catheter can be introduced without difficulty.

January, 1902. A. J., age 45, single. Denies venereal history. Eight years ago began having frequent and painful urination, which has continued to the present time. Cause unknown. Arises once or twice at night. Chief symptom is a burning, heavy pain, or as the patient describes it, a great distress about the neck of the bladder. The pain radiates to the rectum and is sometimes felt about the thighs. Not fully relieved by urination. The pain, while not constant, is present the greater part of the time. He has been subjected to various forms of treatment, injections, sounds, bladder washing, etc. When he consulted me I was in doubt as to the nature of the trouble. The urethra seemed normal in size and the endoscope showed nothing abnormal. The bladder examinations were negative. The prostate was smooth, not enlarged and not unduly sensitive. Urine normal in action, no albumen, no sugar, no kidney elements. Diagnosis: "Neuralgia of prostate and hypochondria". He was treated for several months without benefit and finally as a last resort drainage of the bladder was proposed, to which the patient consented, rather to my surprise. A median perineal incision was made into the membranous urethra. A decided contracting band was found in the prostatic urethra, which was overstretched by means of wide-bladed forceps. A careful exploration of the bladder showed this viscus normal. Perineal drainage was maintained for a few days, and then the wound was permitted to heal. All distressing urinary symptoms disappeared and the patient felt that he was well. However, after a few months the old pain began to return and soon was almost as distressing as before the operation. This return I attribute to the fact that I did not completely divide the obstruction at the time of the operation.

GASTRIC ULCER.*

By E. C. DUNN, M. D.

IN presenting this subject for your consideration tonight, it is not with the hope of promulgating anything new as to diagnosis or treatment, but rather with the thought that gastric ulcer is much more frequent than recognized, and therefore is probably more often overlooked than any other affection.

I find in an excerpt from an article on this subject presented to the American Medical Association the following statement: "Five per cent. of all hospital cases suffer from this disease. In ordinary life gastric ulcer may not be so frequent, but there is no doubt that many apparently healthy persons or sufferers from obscure stomach symptoms are really carrying around latent gastric ulcer."

If this statement is true it will certainly not be amiss for us to spend this evening in the consideration and discussion of so important a subject. That gastric ulcer is one of those diseases which have been well thrashed over in medicine,

* Read before the Fresno County Medical Society.

I know; but sometimes these are not always the best understood and the clearest subjects in medical literature.

In passing, allow me to say, while the surgical part of this subject is not within the province of this paper, the surgery for gastric ulcer and its results is very extensive and is demanding more and more attention every day.

I find the following in an article on stomach surgery, read before the American Medical Association: "We have learned that the fears and apprehensions of excessive danger that so long detained our surgical endeavors in the upper half of the abdomen were greatly exaggerated, and that the surgery of this part of the peritoneal cavity is not attended by unusual risks if we choose an opportune time for operating, while the morbid process is yet circumscribed and before the recuperative and reparative powers of the patient are exhausted. Indeed, it has been shown that the stomach will bear almost any kind of surgery with comparative safety to the patient, if the operator is clean, the patient is in good condition, and the small intestines are not unnecessarily exposed or subjected to trauma."

Etiology: The etiology of most cases of gastric ulcer is obscure. Usually there is more than one causative factor. Some predisposing conditions are: Disturbances in the vascular supply of the stomach, injury to wall of stomach, deterioration in the general health, diminished alkalinity of the blood, and long pre-existing hyperchlorhydria.

Only one thing in etiology is thoroughly agreed upon—that anemic conditions, and especially chlorosis, form the basic predisposition to the affection.

Diagnosis: The diagnosis in a typical case is usually not a matter of difficulty. The localized pain, made more manifest by pressure, accompanying emaciation and usually some chloranemia, makes ulcer probable, even where no hemorrhage from stomach or through bowels is manifest. If carcinoma can be excluded, either hematemesis or hemorrhage through bowels, from stomach, or both, with the characteristic localized pain, leaves little doubt of ulcer. Some authorities believe that the tender point in the back is of the utmost importance in the diagnosis of gastric ulcer, and that it is frequently found in that affection. In the differential diagnosis of gastric ulcer from cancer, the presence of free hydrochloric acid where no tumor can be discovered, speaks for ulcer, while the failure to find free hydrochloric acid is against the diagnosis of ulcer.

Treatment: The main object of your treatment is, of course, to heal the ulcerated surface. This is accomplished by giving the stomach as near absolute rest as possible, and in this way lessen the organ's motor and secretory functions; but at the same time you must maintain the bodily nutrition. Healing is favored additionally by a neutralization of the gastric secretion with appropriate antacids and by the employment of remedies exerting a soothing action on the ulcerated surface and upon the hypersensitive mucous membrane.

An absolute milk diet has been the treatment advocated in these cases for years past; but we believe at this day we can improve on this. The first and most important thing recommended is to send your patient to bed for a period of from ten days to three or four weeks, according to the indications present; then all food by the mouth interdicted. Fluids, except sufficient water for the administration of the medicines taken, should be withheld.

The best of the remedies advised are: bismuth subait., bismuth sub-gallate, argentum nitrate, olive oil, albuminate of iron, nutrient enema and stomach lavage with some bland non-toxic antiseptic fluid. Lavage, however, should be used with great caution, especially where hematemesis is manifest.

The treatment indicated above is that recommended by the different authorities. My treatment, in the main, has been as follows: To put my patient to bed at once from one to four or more weeks, according to indications. Stop everything by mouth except medicine and water needed, if any, to administer. For medicine I now rely mainly on emulsion petroleum with the hypophosphites. If thirst is prominent, small pellets of ice in the mouth, but I control principally with warm saline water enemas. Then feed your patient with nutrient colon enema. For this you can use somatose, egg, beef jelly in combination, or peptonized milk-gruel. But this nutriment must be ready for immediate assimilation. You must add papain or caroid to digest the egg and use diastase to digest the gruel if not peptonized. The enema is better tolerated in the colon than rectum, and absorption is more rapid there. If iron is indicated you can add the albuminate in ½-ounce doses to your enema. These nutrient enemas should be given every six or eight hours, and it is preferable at least twice daily to precede them an hour with a warm saline water enema.

After your patient has become well enough to begin some nourishment by stomach, I have found it well to bear in mind the rules as laid down by Hare in his *Practical Therapeutics*:

(1) "We must avoid all food that can either mechanically or chemically irritate the surface of the ulcer.

(2) "Avoid the use of food that is calculated to stimulate the acid secretions of the stomach.

(3) "Avoid distending the stomach with much food at a time, for by maintaining the stomach in a contracted state, its mucous membrane is thrown into folds, so that the margins of the ulcer are relaxed, and its extent diminished—

conditions favorable to the filling up and healing of the ulcer.

(4) "Any excitement of the muscular movements of the stomach should be, so far as possible, prevented."

I have found malted milk to be an excellent food in this stage. Peptonized milk and peptonized milk-gruel are also useful for a change. As your patient gains you can vary and add to this dietetic treatment until he is on a full and ordinary diet. However, even at this stage it must be borne in mind that gastric ulcer patients as a rule are hyperchlorhydric and cannot follow the diet of ordinary people—therefore, should be warned not to eat greasy or highly seasoned food; should have food cooked well-done, avoid condiments and masticate thoroughly and slowly.

A word as to the prophylaxis of gastric ulcer in certain conditions, combined with certain occupations. I find the following under "Practical Hints" in the *International Clinics*: "Attention has recently been called to the fact that gastric ulcer develops with special frequency in certain occupations, and that anemic individuals who follow these occupations should be warned of the special danger involved. Anemic cooks, for instance, should be warned of the danger of tasting very hot food; anemic seamstresses warned not to lean against their machines, especially when in vibration, because there seems no doubt that through thin abdominal walls an anemic mucous membrane may, under these conditions, suffer from a sort of decubital ulcer. This is also true for factory operatives. Shop-girls, bookkeepers and typewriters should be warned not to lean against counters and desks, for nearly the same reason."

It is only necessary to name the results of long-continued ulcer, where hemorrhage or perforation has not supervened to cause a fatal termination or a resort to surgical interference, as the treatment of these sequella is naturally surgical. The most common result is pyloric obstruction, which is frequently followed by gastric dilatation and gastric stagnation. Adhesions of the stomach to a neighboring organ, or to the abdominal wall, is another result of gastric ulcer, and may occasion symptoms quite as distressing as those due to pyloric stenosis.

Before closing, I wish to mention the indications for operation in gastric ulcer. In an article on abdominal surgery, I find the following: "The question of operation for ulcer of the stomach has been widely discussed during the past year, and the consensus of opinion seems to be that in ordinary cases no operation should be performed until all medical means have been exhausted. But in the case of perforation or hemorrhage, operation should be immediately resorted to."

LAPAROTOMY—REPORT OF AN OPERATION.*

W. B. CUNNANE, M. D.

APRIL 25, 1903, I was called to see Mrs. R., on arrival I found her in labor; the pains were occurring regularly at intervals of about ten minutes. She gave a history of seven pregnancies at full term without any complications; present pregnancy normal, except that she seemed to be larger than usual. White female; native of California; age 36 years; Albino. On inspection abdomen seemed quite large and of irregular contour. On examination found uterus containing fetus on the left side, and a fluctuating tumor of considerable size occupying the right side and extending upwards into the right hypochondriac region. After making the examination, I explained to her husband and mother the condition of affairs, but refrained from mentioning it to her lest she should become unduly alarmed. On account of the position of the tumor the labor progressed normally, and she was delivered of a nine-pound boy about 3 p. m. The placenta came away about ten minutes after delivery, and the uterus contracted normally. The lying-in period was normal in every particular. I told her about the tumor the tenth day, and suggested the advisability of an operation at the termination of the sixth week. At first she consented, but later declined, thinking it might disappear without operative interference.

October 18th I saw her again and found the abdomen much larger than it should have been at the termination of pregnancy. The skin was stretched as tight as a drum, the swelling extending to the ensiform cartilage, and she was perfectly helpless. She complained of a great deal of pain over the abdomen and a crampy sensation of the heart. She realized the seriousness of her condition and readily consented to go to the Cottage Hospital for the purpose of an operation.

October 24th, with the assistance of Drs. Blake, Spaulding and Stoddard, I did a laparotomy, removing about thirty-five pounds of tumors. The first incision was about four inches long, in the median line, extending from the umbilicus downward. The abdominal and cyst walls were so firmly bound together by adhesions and so thin that the knife passed imperceptibly through both, permitting the contents of the latter to escape. It contained about twenty-four pounds of a substance which bore a striking resemblance to a mixture of brown bread and milk. The cyst was so closely adherent to the abdominal walls that its removal was very tedious and difficult. After its removal there was considerable hemorrhage, which was controlled by compression forceps and hot sponges. The second cyst was small and

(Continued on Page 98.)

* Read before the Santa Barbara County Medical Society.

MEDICAL SOCIETY MEETINGS.

Alameda County.

At the last regular meeting of the Alameda County Medical Association the following was passed:

Resolved, That we approve of the action of the Board of Trustees of the State Society and of the Publication Committee of the CALIFORNIA STATE JOURNAL OF MEDICINE in excluding from the pages of the JOURNAL all advertisements of secret medicines; and that we furthermore approve of their decision that all pharmaceutic preparations, of which information not only as to the active ingredients but also the quantities or proportions thereof are withheld, are to be regarded, and are in fact, secret remedies.

Resolved, That a copy of this resolution be forwarded by the secretary to the CALIFORNIA STATE JOURNAL OF MEDICINE.

Approved by the society.

A. H. PRATT, Secretary.

The Alameda County Medical Association met Tuesday evening, February 9th, Dr. Hamlin presiding. Dr. J. F. Rinehart read the first paper, in which he related the following very interesting and remakable history of a case of hydatid cyst that had come under his notice:

"Mrs. D., age 43, American by birth, had lived in Australia for ten years, during which time she had become interested in blooded dogs and cats. From Australia she moved to Chili, taking a number of her animals with her.

"Her family and past history were negative; she had never been sick before the present illness began. In 1886 she noticed that a lump was growing in her right side just below the ribs, and began to experience some pain in that situation. Soon after noticing this she made a trip to Germany, where she consulted a surgeon, who aspirated the growth and obtained about 500 cc. of a thin watery fluid. For fourteen years she was perfectly well. In 1900, during convalescence from typhoid fever, she began to experience pain in the side, and the tumor again appeared. A diagnosis of gall stones was made and an operation performed, but no gall stones found. Drainage was established for a month before the wound was allowed to close. Three months afterwards the tumor began to form again, and the patient decided to perform her own operation. Armed with a lancet and cocaine solution, she made an incision through the old scar and emptied the cyst. The wound healed in a few days. A short time after this she started for San Francisco with her son, and while on board ship the tumor again made its appearance and caused her considerable annoyance. She repeated the previous process and liberated the fluid.

"On August 7, 1901, her son called me about 4 a. m., telling me to bring with me a knife and cocaine solution. On reaching the house I found her in extreme pain. She briefly outlined her trouble and insisted that the cyst be tapped at once. This I refused to do, but gave her .03 grams morphia subcutaneously and persuaded her to go to the hospital at once. The ambulance reached the house about four hours afterwards, but we were too late. The effects of the morphia had passed off, the pain returned, and the patient had boldly opened the tumor again. A thin, watery fluid was slowly discharging from the wound.

"Her technique was rather interesting as indicating her knowledge of asepsis, for she carefully scrubbed her hands and the site of the operation and then applied alcohol. She sterilized her scalpel by immersion in alcohol and by heat from a flame.

"On October 10th she again opened the cyst and sent me a sample of the fluid obtained.

"The physical examination of the patient was negative, with the exception of the tumor of the liver.

"Examination of the cystic fluid showed it to be thin and watery, alkaline in reaction, sp. gr. 1008, containing no albumen and no sugar. It had no power of digesting albumen. No hooklets were found in the first specimen, but they were quite numerous in the second."

During the discussion, Dr. Milton said that he had seen two cases of hydatids, both of which were in men who had lived some time in Alaska and had been associated more or less with dogs during that time.

Dr. Stirling stated that this disease was rather common in India, and that she had seen about thirty cases while she was a medical missionary in that country. She had had the opportunity of operating on several, and had observed that the injection of bile into the cyst had the effect of killing the parasites.

The second paper was read by Dr. H. M. Pond on the subject of "Abortion." The doctor discussed the sociological and moral side of the question. He mentioned the marked aversion to maternity on the part of the women of today, especially among the better classes, attributing this aversion, in large measure, to the development of club interest among women, and their increasing attention to general and civic affairs. He reviewed many of the methods resorted to by women to bring about abortion after they had failed to get helped out by the family physician, and brought up the ethical side of the position of the family physician on this question.

J. M. SHANNON,
A. S. KELLY,
Publication Committee.

Contra Costa County.

At the last meeting of the Contra Costa County Medical Society a resolution was suggested by Dr. J. T. Brenneman of Martinez, and president of the society, as follows:

That hereafter all examinations for old-line life insurance companies shall be a minimum fee of five dollars ($5.00).

After it was discussed thoroughly by Drs. Blake, Neff, Key, Abbott and Brown, Dr. Blake then made the following motion, which was adopted unanimously:

That a straight fee of five dollars ($5.00) be the minimum charge of the members of this society, and that the secretary be instructed to correspond with the secretaries of the various counties, as also the secretary of the State Medical Society, asking the hearty co-operation of all the societies with us in this matter.

J. S. RILEY, Secretary.

Humboldt County.

The regular meeting of the Humboldt County Medical Society was held in Eureka, Tuesday evening, February 9th, Dr. Felt presiding. The Dental Society of Humboldt County requested that the medical society appoint a committee to meet with a similar committee from the dental society for the purpose of considering matters pertaining to the welfare of both professions in the county. It was decided to comply with the request, and Drs. C. O. Falk, S. L. Loofbourrow and W. H. Wallace were appointed to represent the medical society.

The March meeting being the annual meeting of the society, it was decided to have a banquet, and the refreshment committee was instructed to prepare for it.

Clinical cases were reported by several of the members. Papers were read by Dr. F. O. Pryor of Scotia and Dr. H. J. Ring of Ferndale.

G. N. DRYSDALE, Secretary.

Merced County.

The regular meeting of the Merced County Medical Society was held on February 4th.

A paper entitled "Antipyretic Drugs: Their Use and Abuse," was read by Dr. A. M. Smith. The paper excited considerable discussion. The author maintained that the so-called antipyretic drugs, such as the coal-tar products, are almost never required for that purpose, water and those drugs that stimulate the excretory functions being the true antipyretics. Some of the physicians present did not concur in those views, claiming that they had obtained excellent results in certain cases with the antipyretic drugs without deleterious effects.

Following the discussion Dr. A. M. Smith and Dr. W. E. Lilley were elected as delegate and alternate to the annual meeting of the State Society to be held at Paso Robles in April.

W. E. LILLEY, Secretary.

Placer County.

The Placer County Medical Society met in regular session on February 6th. Owing to the inclemency of the weather, the attendance was not large, but seven members being present. The meeting, however, was pleasant and harmonious, and very interesting; the president, Dr. Bulson, in the chair.

One year ago the society was formed by a re-organization of the old Placer County Society, in accordance with the laws of the State Society. The membership included all but two of the regular profession within the county. During the past year two of its members left the jurisdiction, and two new men came in their places; one of these came into membership at this meeting.

The election of new officers resulted as follows: President, Thomas M. Todd, M. D., East Auburn; vice-president, J. Francis White, M. D., Auburn; secretary, R. F. Rooney, M. D., Auburn; treasurer, Geo. H. Fay, M. D., East Auburn; legislative delegate, Charles H. Bulson, M. D.; alternate, A. H. Tickell, M. D.

Dr. G. H. Fay was nominated for appointment as a member of the National Legislative Committee of the A. M. A., and Dr. R. F. Rooney was appointed delegate to the American Congress on Tuberculosis.

New members elected: Dr. J. T. Jones, Dr. A. H. Tickell, Dr. C. L. Muller, all of Nevada county, and Dr. L. A. Harcourt and Dr. O. L. Barton of our own county.

R. F. ROONEY, Secretary.

Sacramento County.

The Sacramento Society for Medical Improvement met in regular session at the office of Dr. McKee on January 26th.

The meeting was called to order by the president, Dr. Ross, and the following members responded to roll call: Drs. Baldwin, W. E. Briggs, Cartwright, Duffiey, Hanna, Hatch, Henderson, James, Krull, Look, McGavem, McKee, McLean, Nourse, Nichols, Parkinson, Poore, Ross, G. L. Simmons, S. E. Simmons, Strader, Stevenson, Twitchell, G. A. White, John White, Wright, Wilder and Wheeler.

A communication was received from Dr. Moffitt of San Francisco accepting the invitation of the Sacramento society to read a paper at the annual meeting, and announcing his subject to be "Some Unusual Forms of Exophthalmic Goitre; the Recognition and Treatment."

A communication was received from Dr. Kenyon asking aid for the Board of Examiners in defense of suits. A motion was made and carried that the Sacramento society give $50.

Dr. G. A. White reported a case of a man 82 years of age, who, seven days after an operation for incarcerated hernia, arose from his bed, without knowledge of his attendants, and took a railroad train to his home without receiving any injury or apparent harm from so doing. Dr. White called the attention of the society to this remarkable instance of vitality in a man so old.

The paper of the evening was then read by Dr. McKee on "Consultation with Other Schools of Medicine."

The discussion was opened by Drs. Wright and Hanna, and freely participated in by nearly all present.

J. W. JAMES, Secretary.

San Bernardino County.

At the regular meeting of the San Bernardino County Medical Society, held at San Bernardino, February 11th, Dr. Booth introduced the following motion, which met with the hearty approval of all present, and which was carried with enthusiasm:

"WHEREAS, In these days of progressive medicine, when the ethical, properly conducted medical journal is regarded as the prime mover, the regulator and the teacher in all things ethical, as well as the guardian, the adviser and protector of the honest practitioner of medicine and surgery; and,

"WHEREAS, The publication of advertisements of recommendation of secret remedies or medicines promotes the use of such secret remedies or medicines and is in direct violation of the Principles of Medical Ethics as adopted by the American Medical Association and the Medical Society of the State of California; therefore, be it

"Resolved, By the San Bernardino County Medical Society, in regular meeting assembled, that we heartily approve and commend the position taken by the CALIFORNIA STATE JOURNAL OF MEDICINE on the subject, and promise to Dr. Philip Mills Jones, its able and efficient editor, and to the Publication Committee, our unqualified support, morally, professionally and financially;

"Resolved, That these resolutions be spread upon the minutes of this society, and that a copy of them be forwarded to the STATE JOURNAL."

The motion was seconded by Dr. Harris and carried unanimously.

The meeting was well attended and was one of the best held by the society.

Dr. Smith of Mentone presented a paper on "The History of Bacteriology," which was of high order and was thoroughly enjoyed by all.

Dr. Talsmall of Redlands gave microscopic demonstrations along the line of Dr. Smith's paper, which impressed all with the doctor's complete familiarity with the subject.

Drs. W. H. Wilmot of Highlands and H. W. Mills of San Bernardino were elected to membership.

CHAS. S. HARRIS, Secretary.

San Francisco County.

(Special Meeting, February 2, 1904.)

Dr. Simon Baruch of New York (by special invitation) read a paper, "The Role of Hydrotherapy in Infectious Fevers."

The author took for his text the Hippocratic axiom, *"Cold water warms; warm water cools."* He called attention to the fact that many today believe the reverse to be true.

He traced the history of hydrotherapy in Russia and Germany, the popular fallacy still clinging to it, until exposed by Winternitz and Brand, who labored earnestly to instil the idea that antipyresis was not the chief aim of the cold bath. In Germany the Brand bath has fallen into unmerited neglect because the technic as laid down by its originator has not been followed; and it is due to the author's efforts that it has been rescued from a similar fate in this country. He described it as a tub bath of 70° F. with continuous friction for fifteen minutes, administered every three or four hours, when the patient is awake, and the rectal temperature reached 103°. He urged more attention to the details of technic in the administration of hydrotherapy, and thought that little progress would be made until such terms as cool water, cold water, warm water and hot water were abolished and exact temperatures stated in their stead. The chief aim in applying water below the temperature of the skin in infectious diseases was to produce a reaction which might inure to the invigorating and refreshing of the organism and thus enhance its capacity to resist the lethal toxins circulating in the blood. He dwelt upon the importance of friction, which added a mechanical to the thermic excitation, enhancing the effect of the latter and causing the arterioles contracted by the cold to dilate so that the skin was ruddy, though cold. He described his diagnostic bath as follows: When a patient manifests a temperature of 101° or over, rapid ablutions with cloths, dipped in water at 85°, are given every two hours with friction, over the trunk only. The temperature of each ablution is reduced two degrees until 60° are reached. After the patient is dried by patting with a thin linen towel, a wet compress is placed over the entire abdomen, prepared by wringing three folds of old linen out of water at 60°. This is snugly held by a flannel bandage an inch wider than the compress, around the entire body, and is secured by safety pins. If there is a persistent temperature of 103° or over, without local manifestations, it is his custom to order the friction bath of 90° F. for twelve minutes, administered in the bathroom. If the temperature rises to 103° again within four hours, the bath is repeated at 85°; four hours later at 80°, again at 75°, always insisting upon active friction. If one of these baths reduces the rectal temperature more than two degrees he pronounces the case not one of typhoid fever. Based upon the fact that cold baths are not an efficient antithermic agent in infectious fevers, this diagnostic bath has been evolved. In typhoid cases where the central nervous system was so overwhelmed that it could not respond to thermic stimuli, he advised the addition of the Nauheim Salts to the tub bath in order to arouse the cutaneous arterioles from their lethargy. In pneumonia the author does not use the friction bath because of the usual accompaniment of pleurisy, but uses instead compresses at 60° applied over the entire chest, changing them hourly as long as the rectal temperature is above 100° F.

The regular monthly meeting of the San Francisco County Medical Society was held on the evening of February 9th, and was attended by a large majority of the members. The papers read were of unusual interest and were very carefully prepared. The discussions evidenced preparation, showing growing interest in the society.

President Rosenstirn occupied the chair, and the other officers were present.

The committee on admissions reported favorably on the following applicants for membership: Drs. Arthur Weis, Vilmas Condory, Ostroilo S. Kucich, W. F. Schaller, Thomas G. Inman, C. B. Munger, A. C. Garceau, A. B. McConnell, Lolita B. Day, W. H. Crothers, Edward Sewell, George Blumer, George D. Culver, F. M. McElroy, Emma Buckley, C. M. Armistead, W. H. Kellogg, Albert Houston, Walter Preston, Arthur L. Fisher.

Seven applications for membership were read and referred to the committee.

The librarian, Dr. Terry, reported that the library had been properly installed in the larger room recently acquired on the floor above, and that the room would be open for the use of members from 9 a. m. to 9 p. m.

On motion of Dr. Carpenter the chair was authorized to appoint a committee from the delegates which should extend, on behalf of this society, a cordial invitation to the American Medical Association to hold its meeting in this city in 1905.

Dr. Philip Mills Jones, editor of the STATE JOURNAL, announced that the publication office of the State Society was about to be changed from its present location, and suggested that an arrangement might be entered into by which the county library could have the benefit of the files of the various medical publications coming to the office, in case suitable quarters could be offered for the use of the publication office. The chair appointed Drs. Carpenter, Jones and Allen a committee to act in conjunction with the library committee, with power to conclude a satisfactory arrangement.

SCIENTIFIC PROGRAM.

Dr. A. Barkan read a paper on "Professor Killian's Radical Operation for Chronic Empyema of Both Frontal Sinuses," with presentation of a case. The subject brought out discussion participated in by Drs. Pischel, Arnold, Cohn, Nagel, Grosse and Shiels.

Dr. C. M. Cooper demonstrated two cases of hemorrhage into the spinal cord, showing X-ray photographs. Discussion by Drs. Shiels and Krotoszyner.

Dr. B. J. Lloyd, assistant surgeon, P. H. & M. H. S., read a report of a case of chronic glanders occurring in man. Discussion by Drs. Ophüls and Ryfkogel.

Dr. Charles F. Craig, assistant surgeon, U. S. A., read a paper on "The Complications of Dysentery, Amebic and Specific, as Observed at Autopsy," giving the analyses of 120 cases.

After the meeting adjourned the special committee, the librarian and the editor of the STATE JOURNAL concluded an arrangement on the lines suggested by Dr. Jones, through which the publication office of the State Society is to occupy the room in the Y. M. C. A. building vacated by the county society library.

A fuller report of the proceedings of this meeting will be published next month.

Santa Clara County.

The Santa Clara County Medical Society held its stated meeting by special invitation at the home of Dr. I. N. Frasse, January 26th, at which a most excellent and exhaustive paper on the subject of "Cretinism" was read by the doctor. The paper treated of the manifestations of hypertrophic and atrophic diseases of the thyroid gland, and related the histories of several cases cited by modern authors.

He also dwelt especially upon the efficacy of thyroid feeding in the treatment of cretinism. Upon the conclusion of the reading, Dr. Frasse illustrated some of his remarks by introducing a patient to the society for inspection.

"This cretin is a male, now a few weeks past 21 years of age, and resides in San Jose. History is that his condition manifested itself soon after birth. There is no trace of specific disease in either parent and I am satisfied that such does not enter as a factor in this case. At the time of the subject's birth the family was living in the State of Washington, in a locality, as his grandfather states, where the water was so hard that it had to be 'cut' before it could be used for domestic purposes. Several members of the mother's maternal ancestors are said to have been born with superfluous fingers and toes, one maternal granduncle having had six fingers and six toes, but that there had never been a previous cretin nor case of goiter in the history of the family. Her maternal grandmother's father and mother were first cousins.

"The height of this patient at the beginning of treatment was 33 inches; it is now 48⅜ inches, showing an increase of stature of 15⅜ inches. I have had him under treatment for two and a half years, and the course pursued has been the persistent use of thyroid extract. The increase in height at his time of life is a remarkable phenomenon, as persons are supposed to have nearly reached their normal height at or soon after 18 years of age. Besides this, there is a marked intelligence which did not before exist, and he can now articulate the words 'mama' and 'papa,' with many others, though still inclined to make himself understood by signs to which he has been so long accustomed. You will observe he now understands when spoken to, following out most of your requests. When he first came under treatment he could not even walk, whereas he can now both walk and run."

DISCUSSION.

Dr. Curnow—I have had some experience in the treatment of cretinism with thyroid extract. This remedy is the only one that, so far as we now know, supplies the physical organism with those materials of which the disease itself has deprived it. Several years ago I had a patient in this city, a girl about 16 years of age; a thorough cretin, as much so as the case here presented by Dr. Frasse, and with all the physical and mental conditions attached to the disease. Like the subject we here see, she has grown at least 12 inches in height under thyroid feeding and is now quite bright and intelligent. In her case, as in this, I noticed a complete absence of the thyroid gland and cricoid cartilage. The treatment was pursued for a year before much improvement could be noted, but we were afterwards happily rewarded for our perseverance. In reference to the etiology of the disease, I think we have much yet to learn, but to my mind it seems to be a condition resulting from consanguinity.

Dr. Wright—I cannot tell you anything about cretinism, for it is a condition with which I have had no experience, but I have no doubt that such cases are often the product of intermarriage. In this connection, I want to say that it is our duty as physicians, in our public and private relations, to not only warn against the evils of intermarriage with blood relatives, but, knowing as we do that such alliances often result in mental incompetence and physical deformities, to vigorously protest against them.

Dr. Witter—Dr. Frasse's able article commands my admiration; it is so complete in all its details, and his plan of treatment so modern, that I will not strive to add anything to what he has so well said on the subject.

Dr. Jordan—My experience with cretinism is quite limited, having observed but one case of the kind, and that at a clinic at the Jefferson Medical College in Philadelphia, but from what I have here heard and seen, the treatment has been certainly adapted to the requirements, to produce such a marvelous result.

Dr. Lusson—I have known the patient to whom Dr. Curnow has referred for a good many years, and am fully aware of her previous condition, it being all that Dr. Curnow has stated, together with the great improvement manifested in her case. A few weeks ago I saw her on the street. She had grown into quite an intelligent looking young woman. In some cases partial extirpation of the thyroid glands are reported successful in the treatment of cretinism and idiopathic goiter. It would be an interesting subject of study to ascertain the relation of cretinism, idiopathic goiter and exophthalmic goiter to each other, if indeed any does exist. From some study and experience of these subjects I believe that the primary cause of the latter two diseases lies in some disorder of the sympathetic system of nerves. It certainly is a very deep subject for study.

Dr. Cothran thought the paper, as presented, so exhaustive that there was nothing pertinent left unsaid. The consideration of this mysterious glandular secretion, which so profoundly affects the growth and functions of both body and brain, and whose absence occasions loathsome physical deformity and hideous mental blankness, should fill us with humility and a keener realization of the limitations of our knowledge and the vast expanse of our ignorance.

Dr. Paul suggested that since a member of the mother's family had possessed extra fingers and toes, it might be well to inquire if any relationship could be traced between disease of the thyroid and hare-lip or cleft palate.

Dr. Paterson reported a case of cretinism which came under his observation two years ago. Female, 22 years of age. History of consanguinous marriages. Father was a native of the French Alps. In this instance there was a slight improvement under thyroid extract; treatment, however, was reluctantly pursued by parents and patient passed from further observation.

Dr. McNary—It is a popular belief, and also the opinion of some older authors, that coitus during intoxication is responsible for this condition. If this were really a cause I think the supply of cretins would be far greater than it now is.

Dr. Asay—In the discussion nothing has been said concerning the effects of certain waters in the production of diseases of the thyroid gland. In my former practice in the lower part of the San Joaquin valley I observed several cases of endemic goiter, in one of which the goiter entirely disappeared after removal to another locality. The water in the section to which I have referred is extremely alkaline. Does the factor exist in the water itself, or is this fluid deficient in one or more constituents? If so, what principle is toxic or what element is lacking? The fact that the family of this cretin lived where "the water was so hard that it had to be cut," as the grandfather expresses it, strengthens the opinion that to this we must look for assistance in determining the etiology of diseases of the thyroid. Cretins are found in certain districts, and in these non-cretinous cases of goiter are also found. We read in the life of Charlemange that in the year 772, while his army was encamped on the banks of the Rhine, many of his soldiers contracted goiter. It is asserted by European writers that goiter can be and has been artificially produced by the use of certain waters, and that this expedient is often resorted to by men of their country to escape conscription. The disease appears to have been prevalent in the fifth and seventh centuries in the districts of Champagne and Liege, where, as church history informs us, the women of those cities, on account of some sacrilege, were condemned to be afflicted with goiter. In olden times the eating of the ashes of sponges was a popular habit among goitrous subjects, no doubt on account of the iodin they contained. We are not yet fully acquainted with the physiology of the thyroid gland. The removal of a portion apparently has no pernicious effect, but the extirpation of the entire gland is followed by disastrous consequences, though a certain amount of thyroid influence may be maintained by thyroid feeding or injections of thyroid extract, but sooner or later there will follow characteristic debility, arrest of growth and degeneration of cerebral functions.

Dr. Burns—This subject is so rarely met with by the ordinary practitioner that I did not expect to be so highly entertained. I congratulate the writer of the paper on the able manner in which he has presented the subject. Never having had a case of cretinism to treat, my knowledge of the subject is limited; but I believe I shall now be much better prepared to diagnose such a case should it ever fall into my hands.

Dr. Frasse—In concluding the discussion, I desire to state that this case went about fourteen years without a correct diagnosis having been made, although seen by several physicians. Great care must be exercised in thyroid feeding, or in the use of thyroid extract. If the remedy be given too frequently, or in larger quantities than necessary, it is apt to occasion alarming symptoms. The quantity to be administered should equal from four to eight grains of dessicated thyroid per diem. It seemed to me in one instance it acted better when given on alternate days for awhile. Later I was able to give a larger dose daily. The remedy must be continued throughout the life of the patient, because the system being deprived of the physiological principles of the natural gland, we must supply them by artificial means; but this supply must not be in excess of that in which the system is deficient. In using thyroid preparations

we should also carefully watch the temperature (in this case taken per rectum), keeping it at about 100°. It is usually subnormal in cretins. I do not think that there is a complete absence of the cricoid cartilage in this case. In fact I am satisfied that I can distinctly feel it. It may be that certain waters, or perhaps certain germs carried by those particular waters, may have some influence in producing the disease. People living in some districts of hard water are prone to goiter. Goitrous people are apt to produce cretins, particularly if they are blood relatives. Such cases are commonest in Switzerland or its subvironments, but I believe consanguinity to be the chief determining factor in the etiology of the disease. Whatever may be the cause, I am convinced that we are on our way to accomplish much with this and certain forms of myxedema.

After adjournment a banquet was given the society by Dr. Frasse. The popularity of the host brought a very large attendance of members to hear his paper and partake of his hospitality.

J. LAMBERT ASAY, Secretary.

Sonoma County.

The Sonoma County Medical Society met on the evening of February 11th, at Dr. Mallory's office, with a rather slim turnout, on account of the heavy rain.

Reading of papers and discussion were postponed to next meeting.

The fee bill as reported by special committee was taken up and considered, action, however, being deferred.

G. W. MALLORY, Secretary.

WASHINGTON—Whitman County.

The Whitman County Medical Society held its first quarterly meeting of the new year at Pullman, Wash., on January 18th, Dr. W. N. Divine of Elberton, president, and Dr. R. J. Skaife of Colfax, secretary, in their respective chairs.

After the transaction of ordinary routine business, Drs. E. T. Hein of Palouse, and C. H. Russell of Pullman, were elected to membership.

Scarlet fever was the subject matter of the evening's programme, which was contributed to as follows: (1) "Etiology and Symptoms of Scarlet Fever," by Walter Farnham; (2) "Pathology and Sequelæ of Scarlet Fever," by W. E. White; (3) "Treatment of Scarlet Fever," by R. J. Skaife.

In addition to the regular programme there was a paper by Dr. Armstrong of Spokane on "Treatment of Chronic Gonorrhea."

Between the reading of papers 1 and 2, Dr. Johnston of Colfax said that he wanted every member present to answer the following questions during discussions:

(1) On what day of the disease does the eruption, in severe cases, appear?

(2) What was the age of your patients in whom dropsy or anasarca was a symptom?

(3) On what day of the disease did the albuminuria, if any, appear?

(4) On what day of the disease did you first observe the "strawberry tongue"?

Dr. Ferguson of Colfax commenced the discussion of the papers by saying that scarlet fever has a greater variety of symptoms than any other disease. In his cases the eruption usually appears about the thirtieth hour from onset of the disease. He very much doubts the strawberry tongue being a pathognomonic symptom of the disease. It can not be seen until the coating comes off the tongue, which is usually on the third day. He called attention to the yellowish line that can be made on the skin by drawing the finger over it.

Dr. Johnston of Colfax said he thinks there is no pathology peculiar to scarlet fever. The pathology is the same as that of any other exanthema. It is in the complications that there is a pathology. We can not tell whether scarlet fever or some other disease was the cause of death. In a fatal case streptococci are always found, but other cocci are also present. In scarlet fever streptococci are always found in the malpighian bodies and in the tubules, but they are also found in these situations in the other exanthemata. Dropsy is usually the first complication noticed, but it is not always due to kidney involvement. He had one patient 16 years old in whom dropsy was a prominent symptom—the only case he ever saw in which dropsy occurred at that age. He never saw albuminuria until desquamation was beginning; 12½% of all cases of otitis media are due to scarlet fever, and about the same per cent. of deaf mutism is due to the same cause. Mastoid disease has occurred as late as one year after scarlet fever, but I doubt scarlet fever as the cause. Endocarditis and pericarditis are more frequently complications than is generally supposed. Patients should always be warned of danger in this direction. Endarteritis of the left popliteal artery is not rare and is prone to result in gangreen. As to treatment of mild cases, fatality may be due to officiousness of the doctor. High enema—one pint to three gallons—gives good results when nephritis appears. Thinks acetozone ought to be good in this disease. Discharges from nose and throat are irritating—so are those from bowel. Acetozone sprayed into nose and throat, taken in water into stomach, and injected high into bowel would be good practice.

Dr. Armstrong of Spokane said he could recall one epidemic of scarlet fever in all the cases of which the rash was delayed—and all were fatal.

Dr. James of Tekoa said: "The oldest patient in whom I saw dropsy was 12 years old. I have not noticed how early albuminuria appears, I think usually on the second or third day. As to the eruption, the disease was fatal in those cases in which it was delayed."

Dr. Gaines of Oaksdale asked if desquamation occurs in every case of scarlet fever. He has had a case with all the symptoms of scarlet fever excepting the desquamation, and is not sure of his diagnosis.

Dr. Farnham of Palouse said: "I think that the strawberry tongue is pathognomonic of scarlet fever, but I do not know on what day of the disease it may first be observed, because, like all other signs and symptoms, it varies. The so-called strawberry tongue of indigestion, etc., is not a true strawberry tongue."

Dr. Ferguson spoke again, saying that he thinks there is always a strawberry tongue in scarlet fever, and that it can be identified on the third day. The eruption comes earlier than in any other disease.

Dr. Libby of Spokane said: "I do not think that the strawberry tongue can be depended on for an early diagnosis. Desquamation occurs in every case of scarlet fever excepting in those cases where death occurs before the eruption comes out. As to acetozone, I find trouble in getting the patient to take enough of it."

Dr. Maguire of Pullman said the worst cases he has had were those in which the eruption was delayed to the fourth or fifth day.

Dr. Hall of Pullman cited a case in which there was no strawberry tongue and no desquamation. The other symptoms were those of a typical case of scarlet fever, especially the bright scarlet eruption. What was it?

Dr. Smith of Latah said: "I have been astonished at the amount of desquamation in cases where the eruption was very slight."

Dr. Stuht of Colfax said: "I never make a diagnosis

on one symptom alone, but consider the history of the case and the symptoms as a whole. Amount of albumin varies very much. One reason why nephritis occurs in mild cases is because not so closely watched as the severe ones are. All cases desquamate. A mild case may desquamate more than a severe one. The later the eruption the more severe the case."

Dr. Hein of Palouse said: "I am not afraid of diphtheria, I am not afraid of smallpox, I am not afraid of typhoid fever, but I stand in the presence of scarlet fever with fear and trembling because there is no known remedy. As to diagnosis, I do not think it is very difficult. Given a sudden onset, high fever, vomiting and sore throat in a child from 2 to 10 years old, followed in a few hours by an eruption, and you are fairly sure of scarlet fever. Diagnose by exclusion. What else could it be?"

Dr. Armstrong said he does not think that strawberry tongue has any special bearing on a diagnosis of scarlet fever.

Dr. White of Colfax said: "I think the time when albuminuria appears is governed by the time of high fever."

Dr. Johnston said the point he wished to bring out is that the strawberry tongue does not appear early—not before the fourth day. "I think the diversity of opinion expressed here tonight teaches that we do not study these points as we should. I think we should keep a record of all our cases, noting in it these different questions, and in that way get at their correct answer. I believe the silver salts are of benefit in treatment of this disease, and antidiphtheritic toxin has produced good results."

The discussion of scarlet fever was followed by the reading of Dr. Armstrong's paper on "Treatment of Chronic Gonorrhea." The doctor gave the case records of nine cases showing various results under various treatments. The best results were obtained by irrigating with a mild solution of permanganate, dilating with a Kallman's dilator and injecting an oil composed of resorcin, ichthyol, balsam Peru and castor oil. Massage of seminal vesicles is absolutely necessary in those cases in which they are involved.

Dr. Wilson asked if a resisting body is necessary in order to successfully "milk" the vesicles. Dr. Armstrong answered no. A very slight stroke suffices, and besides the patient could not endure the pain if a resisting body opposed the finger. Urinary antiseptics should be administered in all cases.

Dr. Johnson's resolution amending the By-Laws so that Article I shall read: "The regular meetings of this society shall be held quarterly on the third Monday of each October, January, April and July," was passed unanimously. This change was made because of the fact that other societies meet early in the month and visiting was practically prohibited. There is now no conflict of meetings so far as this society knows.

Dr. Nelson, on behalf of the W. A. C., tendered to the society the use and benefits of the College Pathological Laboratory. Receptacles containing a preservative solution will be sent to members on application. In these specimens can be forwarded to the college, when they will be examined by the college pathologist and a report of the findings returned. The college will thus be able to secure specimens for use in teaching, and the society to enjoy the advantages of a laboratory diagnosis.

On motion of Dr. James, the tender was accepted and a vote of thanks given the college therefor.

The meeting was held in the spacious parlors of Dr. G. B. Wilson, and was followed by a banquet at the Palace Hotel.

Those present were: Drs. G. B. Wilson, Ed. Maguire, H. W. Hall and Alice A. Benton, Pullman; Wilson Johnston, A. E. Stuht, T. D. Ferguson, W. E. White and R. J. Skaife, Colfax; Charles James, Tekoa; W. E. Gaines, Oaksdale; W. N. Divine, Elberton; Walter Farnham and E. T. Hein, Palouse; Smith, Latah; Libby and Armstrong, Spokane; Nelson, and other members of the faculty of W. A. C.

The ladies, who became excited in the game of "Pit" during the earlier hours of the evening, and who later enjoyed the pleasures of the banquet, were the wives of Drs. Wilson, Maguire, Smith, Skaife, Nelson, James and Hall, and a sister of Mrs. James.

The officers of the society for the current year are:

W. N. Divine (Elberton), president; R. J. Skaife (Colfax), secretary-treasurer; J. L. Harris (Colton), vice-president; J. D. Leuty (Farmington), J. F. Hall (Albion), and W. E. White (Colfax), board of censors; Ed. Maguire (Pullman), J. F. Hall (Albion), and G. B. Wilson (Pullman) programme committee.

R. J. SKAIFE, Secretary.

PERSONAL.

Dr. J. L. McLaren has moved from Eureka, Humboldt county, to Berkeley.

To Dr. and Mrs. Charles D. McGettigan, February 16th, a son.

Dr. Thomas Ross, Sacramento, has been appointed consulting physician of the Southern Pacific Hospital in that city.

Dr D. D. Crowley of Oakland is now surgeon-general of California, with the rank of colonel.

Dr. J. W. Jesse, president of the Sonoma County Medical Society, has been made health officer of the county.

Dr. Charles R. Nelson has moved from Auburn to 1268 Grove street, Oakland.

Dr. A. M. Stafford has moved from Monterey to Corona, Riverside county.

Dr. A. E. Hardin has moved from Sebastopol to Pacific Grove, Monterey county.

Dr. H. B. A. Kugeler of San Francisco was married on December 26th to Miss Louise M. Coors of Golden, Colorado.

Dr. E. K. Abbott has moved from Salinas to Monterey.

Dr. J. K. McLennan has located at the Paso Robles hotel, having succeeded Dr. Glass as hotel physician. Dr. McLennan has spent much of his time during the past six or seven years at the springs, and in consequence has an extended acquaintance with the regular visitors.

Changes in San Francisco: Dr. Edwin C. Van Dyke, from 751 Sutter to Starr King building; Dr. Mary Halton, from 590 Sutter to Starr King building; Dr. F. T. Fitzgibbon, from 860 Mission to 225 Oak; Dr. Malcom Austin, from 198 Mission to 3386 Nineteenth; Dr. F. Wyld, from 1163 Van Ness to 967 Sutter; Dr. A. E. Taylor, from 1809 Broadway to 2515 Octavia; Dr. F. Delmont, from 1086 Union to 1910 Leavenworth.

Los Angeles Medical Journal.—No. 1 of Vol. I has been received. This new monthly is published by a number of physicians of the southern city, under the editorial management of Dr. E. S. Pillsbury, and is announced to be the official organ of the Los Angeles Academy of Medicine.

LAPAROTOMY. (Continued from page 91.)

contained a mixture resembling blood not coagulated; and the third contained a substance resembling a mixture of milk and pus; both were bound down by adhesions. Having passed beyond the line of adhesions, the incision was extended about two inches upward and to the left of the umbilicus; the hand was passed into the abdominal cavity and another tumor of considerable size was found just beneath the liver. There being no adhesions, it was brought down to the opening, the contents evacuated and this delivered; it contained a colorless, gelatinous substance. Another tumor, quite large and free from adhesions was found in the left iliac region; it was brought into the opening, its grumous contents evacuated, after which it was easily delivered. This was attached to the right ovary and tube by a pedicle about two inches wide, which was ligated with braided silk and cut off with scissors.

The last tumors were removed very rapidly on account of the serious condition of the patient, the parts sponged, two quarts of normal salt solution left in the abdominal cavity, and the incision closed by means of seven through and through silk-worm gut sutures. The only dressing applied was iodoform and iodoform gauze held in place by adhesive strips.

Some time before the operation was completed the ether was discontinued, two quarts of normal salt solution and strych. sulph., grs. 1-20 were given subcutaneously to counteract shock. Reaction was well established within two hours of the time she left the operating table. During the first three days strych. sulph., grs. 1-60 and epinephrin hydrat m. xx. were administered hypodermically every two hours, and enemas of normal salt solution per rectum every four hours. The bowels acted the third day with the aid of calomel and Rochelle salts. The dressing was changed the first time and the sutures removed the tenth day, the wound was found perfectly united. There was no pain at any time after the operation; she took nourishment regularly and slept well. The preparatory treatment extended over a period of two days, and one hour before going on the table she was given a hypodermic of morphia sulph., grs. 1-4, and atropia sulph., grs. 1-100, and at the beginning of anesthesia sulph. strych., grs. 1-30.

The chief points of interest to be noted are the facts that she is an Albino and that the tumor lying in the left side was the only one having an ovarian tubal attachment. The largest one was connected by adhesions only, the one lying beneath the liver was connected with the tumor in the left iliac region by means of a long wide ligament.

MEDICAL SOCIETY OF THE STATE OF CALIFORNIA.

H. BERT. ELLIS, Pres., Bradbury Block, Los Angeles.
WILLIAM H. FLINT, 1st Vice-Pres., Santa Barbara.
GEORGE A. HARE, 2nd Vice-Pres., Fresno.

GEORGE H. EVANS, Secretary, 807 Sutter St., San Francisco.
ELMER E. KELLY, Treasurer, 751 Sutter St., San Francisco.

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Next Meeting will be held at Paso Robles, April 19, 20, 21, 1904.

COMMITTEES FOR 1903-1904.

(First named being chairman.)

ADDRESS ON MEDICINE.....ROBERT F. ROONEY, Auburn.
ADDRESS ON SURGERY.....J. HENRY BARBAT, San Francisco.

ARRANGEMENTS.

JOHN MC LENNON, Paso Robles; J. J. KNOWLTON, San Luis Obispo; W. J. KERR, Los Angeles; PHILIP KING BROWN, San Francisco; WALTER LINDLEY, Los Angeles.

PUBLICATION.

PHILIP MILLS JONES, San Francisco; GEORGE H. EVANS, San Francisco; C. D. MCGETTIGAN, San Francisco; HARRY M. SHERMAN, San Francisco; G. F. REINHARDT, Berkeley.

AUDITING.

E. L. WEMPLE, San Francisco; R. FELT, Eureka; GEO. A. HARE, Fresno.

MEMORIAL.

J. LAMBERT ASAY, San Jose; L. D. JOHNSON, Whittier; J. H. BARR, Marysville.

MEDICINE AND THERAPEUTICS.

H. C. MOFFITT, San Francisco; F. R. BURNHAM, San Diego; GEO. L. COLE, Los Angeles; CLARK J. BURNHAM, San Francisco; J. C. KING, Banning.

SURGERY AND ANATOMY.

EMMET RIXFORD, San Francisco; CLAIRE W. MURPHY, Los Angeles; THOS. HUNTINGTON, San Francisco; C. VAN ZWALENBERG, Riverside; H. SIDEBOTHAM, Santa Barbara.

OBSTETRICS.

HENRY GIBBONS, JR., San Francisco; J. C. FERBERT, Los Angeles; CHARLOTTE J. BAKER, San Diego; C. C. BROWNING, Highland.

GYNECOLOGY.

W. W. BECKETT, Los Angeles; L. W. ALLEN, San Francisco; C. W. NUTTING, Etna Mills; ADELAIDE BROWN, San Francisco; BEVERLY MACMONAGLE, San Francisco.

PEDIATRICS.

J. MAHER, Oakland; J. H. SEYMOUR, Los Angeles; W. B. LEWITT, San Francisco; F. R. STARR, San Francisco.

EYE.

B. F. CHURCH, Los Angeles; A. B. MCKEE, San Francisco; W. H. ROBERTS, Pasadena; A. SCHLOSS, San Francisco; W. S. FOWLER, Bakersfield.

EAR, NOSE AND THROAT.

J. A. BLACK, San Francisco; FRED BAKER, San Diego; E. W. FLEMING, Los Angeles; L. S. THORPE, Los Angeles; W. E. HIBBARD, Pasadena.

GENITO-URINARY DISEASES.

DUDLEY TAIT, San Francisco; J. C. SPENCER, San Francisco; GEORGE CHISMORE, San Francisco; PHILIP NEWMARK, Los Angeles; GRANVILLE MACGOWAN, Los Angeles.

CUTANEOUS DISEASES.

RALPH WILLIAMS, Los Angeles; A. B. GROSSE, San Francisco; D. W. MONTGOMERY, San Francisco; HOWARD MORROW, San Francisco; A. P. WOODWARD, San Francisco.

NERVOUS AND MENTAL DISEASES.

JOS. O. HIRSCHFELDER, San Francisco; LEO NEWMARK, San Francisco; J. H. MCBRIDE, Pasadena; J. W. ROBERTSON, Livermore.

HYGIENE, SANITATION AND CLIMATOLOGY.

NORMAN BRIDGE, Pasadena; P. C. REMONDINO, San Diego; W. B. CUNNANE, Santa Barbara; N. K. FOSTER, Oakland; J. CLARK, Gilroy.

PATHOLOGY AND BACTERIOLOGY.

STANLEY BLACK, Pasadena; WM. OPHÜLS, San Francisco; H. A. L. RYFKOGEL, San Francisco; ALONZO E. TAYLOR, San Francisco; E. L. LEONARD, Los Angeles.

CHEMISTRY AND PHYSIOLOGY.

H. P. HILL, San Francisco; O. WITHERBEE, Los Angeles; A. F. GILLIHAN, Berkeley.

MEDICAL EDUCATION AND LEGISLATION.

H. S. ORME, Los Angeles; W. S. THORNE, San Francisco; G. W. MCKINNON, Arcata; F. B. CARPENTER, San Francisco; H. J. CRUMPTON, Sausalito.

SCIENTIFIC PROGRAM.

HARRY M. SHERMAN, San Francisco; WM. FITCH CHENEY, San Francisco; W. S. THORNE, San Francisco.

GENERAL ARRANGEMENTS FOR THE THIRTY-FOURTH ANNUAL MEETING OF THE STATE SOCIETY.

As repeatedly announced in the JOURNAL, the Annual Meeting of the Society will be held at the Hotel el Paso de Robles, beginning Tuesday, the 19th, and continuing till the evening of Thursday, the 21st, April.

Hotel Rates. A flat rate of $2.50 per day has been made. There are but a few rooms with bath and these will be assigned without preference. This rate includes room, board and use of hot mineral baths, and applies to all members and their families in attendance. Rooms with bath, same rate.

Railroad Rates. A rate of one and one-third (1⅓) has been fixed for the round trip. Pay the full fare going and take a **Receipt-Certificate** from the agent. This must be signed by the Secretary of the Society at Paso Robles. When you buy your return ticket, present this certificate (signed) and the return ticket will be sold to you for one-third regular rate. Tickets (and certificates) will be ready and on sale fifteen days prior to and during the meeting. **Stop-overs** not good on the **return** trip. This rate applies to the Southern Pacific lines in **Oregon**, so that members of the **Oregon and Washington State Societies** who desire to attend this meeting can avail themselves of the same rates as our own members.

Special Rates, Extra Trips. The agent at Paso Robles will sell tickets to San Francisco and return, or to Los Angeles and return, for the one and one-third rate. You may therefore extend your trip north or south at the same rate. **You cannot buy a ticket from San Francisco to Los Angeles and return (or vice versa), stop off at the meeting and go on with your trip, at this rate.** Buy your ticket **to Paso Robles only.** Return portion of these extra-trip tickets will be good for ten days.

Time Table. Trains leave San Francisco at Third and Townsend Street Station, 8 a. m., and 6 p. m., arriving Paso Robles 1:49 p. m. and 1:08 a. m. Those desiring to leave San Francisco on the 6 p. m. train, Monday, the 18th, please notify Dr. Philip King Brown, 1612 Van Ness Ave. **at once.** All cars filled with members will be side-tracked at Paso Robles and you can then sleep all night.

Trains leave Los Angeles at 8 a. m., and 1:10 p. m., reaching Paso Robles at 4:40 p. m., and 12:03 a. m. Those desiring to leave Los Angeles on the 1:10 p. m., train, Monday the 18th, communicate with Dr. Walter Lindley, Los Angeles, **at once.** Similar arrangements will be made for side-tracking cars filled with members coming up from the south.

Leaving Paso Robles; **north bound,** 12:08 a. m., and 4:40 p. m.; **south bound,** 1:49 p. m., and 4:40 p. m.

Arrangements for Meetings. A floor of the High School has been secured for the General Meetings. This room will comfortably seat 300 people. The ladies' parlor and sufficient other rooms have been secured for the meetings of the House of Delegates and Special Committees, etc.

Entertainment Features. The mud baths are about one mile away, and are at your disposal. The Paso Robles Improvement Club has arranged for a drive through some interesting country, near by, and on Wednesday noon will invite those in attendance to be their guests at a barbecue to be given at the Santa Ysobel Ranch. A special dinner will be given on Thursday evening at 8 o'clock. (**No** extra charge, except for wines.)

Important Notice to Members.

There remain but a few days in which to file with the Committee on Scientific Program titles of papers to be presented at Paso Robles. Send them in AT ONCE. As the forms of the JOURNAL close, titles are still coming in, so there is every prospect of a large and good program. Do not delay another day; send the title of your paper to

HARRY M. SHERMAN, Chairman,
1303 Van Ness Avenue,
San Francisco.

Important Notice to County Secretaries.

A few of the County Society Secretaries have neglected to remit the amounts due the State Society, and have failed to send in the names and addresses of delegates to the annual meeting.

The Secretary of the State Society should be in possession of these names and should receive these dues immediately, so that his report may be completed. It is therefore urged upon all county secretaries who have not already done so, to attend to these matters at once.

GEORGE H. EVANS, Secretary,
Medical Society of the State of California,
807 Sutter Street, San Francisco.

PRELIMINARY REPORT OF THE
COMMITTEE ON SCIENTIFIC PROGRAM.

The following is a list of titles of papers prepared for the Thirty-fourth Annual Meeting of the State Society, as far as the same have been submitted to the Committee at the date of this report.

The Committee has felt itself obliged to decline to receive titles by telephone, the possibility of verbal errors or of complete omission under that method being great.

The Committee must have its final meeting for the arrangement of the last details of the program on the fourth of April, in accordance with Section 8 of Article VI of the By-laws, which says:

"The papers or reports to be read, or a copy thereof, shall be placed in the hands of the Committee on Scientific Program at least fifteen days prior to date of Annual Meeting."

The Committee also asks each author to send with his paper a 100-word abstract, which will be printed in the program with the title.

HARRY M. SHERMAN,
Chairman of the Committee.

MEDICINE AND THERAPEUTICS.

ORATION - ROBT. F. ROONEY, Auburn
Concretio Pericardii cum Corde (Report of a case.) - - - - - - - - Geo. L. Cole, Los Angeles
The Role of the General Practitioner in the Prevention of Consumption - F. M. Pottenger, Los Angeles
Vaccination - - - - - - - - - - - - - - - - - Edw. von Adelung, Oakland
Physiological Therapeutics - - - - - - - - - - - - - - - Lewis J. Belknap, San Jose

SURGERY AND ANATOMY.

ORATION - - - - - - - - - - - - - - - - - - - J. HENRY BARBAT, San Francisco
The Conservative Treatment of Acute Appendicitis - - - - - - A. W. Morton, San Francisco
Some Mechanical Aspects of Scoliosis and Demonstration of Apparatus - - - James T. Watkins, S. F.
Codes of Acute Suppurative Appendicitis Treated by the Ochsner Plan - Wallace I. Terry, San Francisco

OBSTETRICS.

Diagnosis and Management of Transverse Presentation in the Later Months of Pregnancy - - - - - - - - - - - - Charlotte J. Brown, San Francisco

GYNECOLOGY.

Remarks on Hysterectomy, with Appended Report of 100 Cases - - - W. W. Beckett, Los Angeles
Some Remarks on Gonorrhea in Women - - - - - - - - Beverly Mac Monagle, San Francisco
Utero-sacral Ligaments and their Relation to the General Pelvic Conditions, of which Retroversion is the Chief Symptom - - - - - W. Francis B. Wakefield, Oakland

PEDIATRICS.

The Complications and Sequelæ of Measles - - - - - - - - - J. Maher, Oakland
Congenital Dislocation of the Hip - - - - - - - - - - P. C. H. Pahl, Los Angeles
Neurasthenia in Childhood - - - - - - - - - - - Hubert N. Rowell, Berkeley

EYE.

Symposium on Glaucoma:
Pathology - - - - - - - - - - - - - - - - - W. H. Roberts, Pasadena
Symptomatology - - - - - - - - - - - - - - - A. B. Mc Kee, San Francisco
General Consideration - - - - - - - - - - - - B. F. Church, Los Angeles
Secondary and its Causes - - - - - - - - - - - - A. Schloss, San Francisco
Treatment - - - - - - - - - - - - - - - - W. S. Fowler, Bakersfield

EAR, NOSE AND THROAT.

Report of Cases Simulating Grave Mastoiditis - - - - - - - Fred Baker, San Diego

GENITO-URINARY.

(1) *Aseptic Catherization of the Urinary Passages* - - - - - - - M. Krotoszyner,
(2) *Clinical Study of 15 Cases of Genito-Urinary Tuberculosis with some Remarks Concerning Treatment* - - - - - - - and S. F. W. P. Willard,
Unusual Forms of Trouble of the Prostate - - - - - - - George Goodfellow, San Francisco
Fistulæ of the Male Urethra - - - - - - - - - R. L. Rigdon, San Francisco
Examination of a Subject with Gonorrhea, Macroscopic and Microscopic - - Geo. L. Eaton, San Francisco
Contribution to the Study of Varicocele - - - - - - - - Dudley Tait, San Francisco
Interesting Case of Prostatic Calculus - - - - - - - - George Chismore, San Francisco
Report on some Renal Tumors - - - - - - - - Harry B. Reynolds, San Francisco

CUTANEOUS DISEASES.

Syphilis from the Standpoint of the General Practitioner - - - - - Geo. L. Cole, Los Angeles

NERVOUS AND MENTAL DISEASES.

The Legal Responsibility of Medical Experts - - - - - - - J. W. Robertson, Livermore
The Results of a Knock-out Blow - - - - - - - - Leo Newmark, San Francisco
Locomotor Ataxia - - - - - - - - - - - - J. O. Hirschfelder, San Francisco

CHEMISTRY AND PHYSIOLOGY.

Innervation of the Heart with Consideration of Cardiac Stimulants - - O. O. Witherbee, Los Angeles
Reversible Action of Enzymes - - - - - - - - - - Martin Fischer, Berkeley

MEDICAL EDUCATION AND LEGISLATION.

Report of Committee - - - - - - - - - - - - - - H. S. Orme, Los Angeles
Some Reflections on State Examining Boards - - - - - - - W. S. Thorne, San Francisco

H. BERT. ELLIS, M. D.

The President of the Medical Society of the State of California, whose picture is printed in the JOURNAL this month, is Dr. H. Bert. Ellis of Los Angeles. Dr. Ellis was born at Lincoln Center, Maine, on May 17, 1863. His primary education was obtained at the public schools of Fredericton, N. B., and his freshman year of college life was passed at the University of New Brunswick. From the Acadia University, Wolfville, N. S., he graduated in 1884. Very shortly after that he came to California, where, in 1888, he graduated from the College of Medicine of the University of Southern California. His medical school career was marked by hard and successful work, for he took the college prizes in surgery and ophthalmology and was valedictorian of his class. In May, 1888, he married a classmate, Dr. Lula Talbott, and then spent a year doing post-graduate work at the Universities of Göttingen and Wein. In 1889 he returned to Los Angeles and began practice. Since 1893 he has confined his work strictly to the eye, ear, nose and throat.

Dr. Ellis has always been prominently connected with medical societies and medical society work, both local, state and national. He has been a delegate from California to the American Medical Association for a dozen or more years, and has acted as assistant secretary of the A. M. A. For about ten years he was assistant secretary of the State Society. He has served, as secretary, the Los Angeles County Medical Association, Southern California Medical Association, and the Doctors' Social Club. For some years he was a notable figure in medical journalism, and served as secretary of the American Medical Editors' Association. He has been president of the Los Angeles County Medical Association and of the Southern California Medical Association. At present he is not only president of our State Society, but is also president of the Board of Education of Los Angeles. His activity has been as marked in medical teaching as in medical society work. From 1889 to 1895 he was professor of physiology in the College of Medicine, University of Southern California, and since 1895 he has occupied the position, in that institution, of professor of ophthalmology. He is a member of many clubs, among them being the Bohemian Club of San Francisco and the Jonathan, California, Sunset and University Clubs of Los Angeles; the last-named club can also claim him as an ex-president. Dr. Ellis has, particularly of late years, been far too busy a practitioner to be a very profuse writer, but his literary productions are always forceful and command immediate recognition. Among the more important of his papers are to be found: "Operations on the Frontal Sinus," "Operations on the Maxillary Antrum," "Mastoid Operations," "Analysis of the Refraction of Some Five Thousand Eyes," "How to Keep Politics Out of Public Schools," "Marriage, Heredity and Divorce."